

Scimitar Care Hotels plc

# Five Oaks

## Inspection report

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Date of inspection visit:  
03 December 2019

Date of publication:  
19 December 2019

## 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

Five Oaks is registered to provide nursing care and accommodation for a maximum of 45 older people. At this inspection there were 42 people using the service.

### People's experience of the service

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were robust. Medicines were managed safely. The service was exceptionally clean and well maintained, and there were appropriate procedures to ensure any infection control risks were minimised.

We recommended that the service seeks advice in relation to their fire evacuation plan. Although there was a plan in place, fire drills had not recently taken place to ensure the safety of residents during the day and night.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and care plans were detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people's privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs and reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. People, staff and relatives spoke extremely positively about the registered manager and the provider. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk). The last rating for this service was good (report published June 2017). The service remains good.

### 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 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** ●

# Five Oaks

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, 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.

#### Service and service type

Five oaks 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 and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We carried out the inspection visit on 3 December 2019. It was unannounced

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The 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 our inspection we spoke with the registered manager, the deputy manager, two care staff, the chef, a visiting healthcare professional and the activities co-ordinator. We also spoke to six people who used the service and three relatives. We looked at four care records and three staff files; we looked at various

documents relating to the management of the service which included medical records, training data and quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person said, "Oh yes I feel safe, wonderful people."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "We have to protect people from any kind of abuse and I know all the signs."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and weight assessments.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to help ensure systems and equipment remained safe. However, it was not clear if the service's fire evacuation procedure was entirely practical as fire drills had not recently taken place.

We recommend the service seeks advice from a reputable source in relation to their fire evacuation plan to ensure it is robust enough during the day and night.

- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There was enough competent staff on duty. A dependency tool was completed monthly to ensure adequate staffing.
- On the day of our visit, when people needed assistance staff responded promptly.
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.

Using medicines safely

- The service had safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine administration records (MARs) were completed and audited appropriately.

- There were instructions for staff about giving medicines people could take as and when they were needed; which ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses.

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#### Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was very clean.

#### Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.



# 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.

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

- People's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs and people's sexuality. Assessments of people's needs were detailed and identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the malnutrition universal screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- A robust Induction and ongoing training programme were in place. One staff member told us, "We do lots of training, the training here is top notch."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

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

- Most people told us they really enjoyed the food at the service and were offered choices, however some people felt choices were limited. One person told us "Yes I get a choice, but they don't have imagination, but I am fine with it."
- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently.
- We observed over the lunchtime period people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

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

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, occupational and speech and language therapists.
- The service had training on oral health planned, and each person had an oral health risk assessment completed.
- A visiting healthcare professional told us that the service always followed up on their recommendations.
- The service had an arrangement with a GP to visit the service on a regular weekly basis.

- Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.

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

- People were extremely complimentary about the environment they lived in.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were extremely pleasant gardens and patio areas and the premises were in excellent decorative order.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Mental capacity assessments had been completed for people, where it was deemed people lacked the capacity to make decisions and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.
- Staff demonstrated a good understanding of this legislation and how to gain consent when people lacked capacity.

# 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had friendly relationships with staff and staff were caring in their approach. Comments included, "Oh yes absolutely, they are always there when you need them." And "Absolutely, very, very nice."
- Staff spoke with empathy about people and told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "We treat them like our own family." Another told us "We always make sure people look respectable"
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends.

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

- People confirmed they had been involved in making decisions about their care and support. A relative told us "Oh yes they very much do involve us. For example, they always update me the doctor has come."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care. For example, one care plan recorded, "I have long manicured nails and like to wear a hairband each day."
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "If there are special functions for anyone's religions, we try to celebrate them."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us "It important to let people do as much as they can by themselves, for example brushing their own teeth or washing their face."
- We observed staff communication with all residents was warm and friendly.

# 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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found people at the service received individualised care from a staff team who showed good knowledge of their needs.
- People had detailed, personalised care plans. Their needs, abilities, life history, and preferences were well documented.
- People's needs, routines and personalities were well known. The activities coordinator and staff also gave us examples of meaningful activities that were provided to people. One example was a person who was a fan of a London football club; it was arranged that they went to see them playing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded in their care records.

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 benefitted from a variety of activities and events that were available across the service and made accessible to all.
- The service employed two activity organisers who developed individual activity plans with people about what they wanted to do and how they preferred to spend their day.
- Activities available included arts and crafts, flower arranging and visits from entertainers. The service also had a minibus which enabled people to go out to the theatre and other activities in the community.
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were made to feel welcome.

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives. We saw evidence older complaints had been dealt with promptly and appropriately.
- A relative told us, "I find them very approachable if we have any concerns."

End of life care and support

- People received a good standard of care at the end of their lives. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. However personalised details of funeral arrangements needed to be further developed which we discussed with the registered manager.

## 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 now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us the at the managers at the service were visible and known to them and approachable. A relative told us " Oh yes, without a doubt, I would recommend this place. When I first walked in here I knew it was right for mum and it has been. We as a family have peace of mind."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was, strong and clear leadership at the service. The registered manager was clearly passionate about their role and staff felt very well supported by the management team. There was a clear vision on what the service wanted to achieve for the people who lived there.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "It's a well-run home, the manager is very good, she listens to us and gets things done."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy, and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which provided consistency and continuity of care.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were been completed on either a daily, weekly, monthly or quarterly basis.
- An external company carried out six monthly mock inspection with follow up actions required to make continuous improvements were documented.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and stakeholders earlier in the year, we saw that response rate was

low. The registered manager told us they were looking at more innovative ways to get feedback.

- Regular residents' meetings also took place which gave people and their relatives to give feedback and discuss any issues of concern.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority, and managers' meetings organised by the providers head office.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, GPs and occupational therapists to ensure relevant information was passed on and there was continuity of care