

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?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook this unannounced inspection on 29th & 30th November 2015 of Five Oaks to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The last inspection was carried out on 19th December 2013 and the home was found to be compliant.

The home has 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 requirements of the Health and Social Care Act and associated Regulations about how the service is run.

Five Oaks provides care and accommodation for a maximum of 45 older people, some of whom may have dementia. At this inspection there were 43 people living in the home. On both days of the inspection staff were welcoming and people in the home looked relaxed and well cared for. We saw staff talking with people in a

Summary of findings

friendly and respectful manner. One person said, "I have been treated with respect and my privacy have been respected." Another person commented, "I am happy here. The food is good, the staff are pleasant."

Three professionals who provided us with feedback stated that their clients were well cared for and the home was well managed.

Throughout the inspection we saw that staff were responsive towards people and constantly checking that people were safe and their needs met. Staff respected people's privacy and knocked on bedroom doors to ask for permission before they went in.

People's needs had been assessed and appropriate care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were closely monitored. There were regular reviews of people's health and the home responded appropriately to changes in people's needs. People were assisted to attend appointments with health and social care professionals to ensure they received treatment and support for their specific needs.

Staff had been carefully recruited and provided with the training they needed to enable them to care effectively for people. Staff we spoke with had a good understanding of the needs of people. People, their relatives and three professionals informed us that staff were caring and provided people with the care they needed.

There was a safeguarding adults policy. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Staff knew they had to obtain appropriate authorisations when it was necessary to deprive a person of their liberty

for their own safety. We however, noted that applications had not been made for people living in the home who needed continuous supervision and due to risks to their safety were therefore not free to leave without staff or relatives accompanying them. The registered manager agreed to consult with the local authority officer responsible for DoLS regarding this. Following this inspection, she confirmed that she had made the necessary applications.

The registered manager and the staff team worked with other social and healthcare professionals to ensure people received appropriate care and support. The feedback received from the three professionals we contacted, was overwhelmingly positive. Meetings and one to one sessions had been held to ensure that people could express their views and their suggestions were addressed. The last satisfaction survey indicated that people were satisfied with the quality of care provided.

The home had a complaints procedure and people were aware of who to talk to if they had concerns. Relatives informed us that when concerns were expressed, staff responded promptly and appropriately.

We found the premises were clean and furnished to a high standard. Infection control measures were in place although the policy needed to be updated. There was a record of essential inspections and maintenance carried out. Window restrictors had been fitted to bedrooms we visited. Fire safety arrangements were in place.

People informed us that staff listened and responded to suggestions made by them. The results of the last survey indicated that people who used the service and their representatives were satisfied with the services provided. The quality of the service was carefully monitored. Regular audits and checks had been carried out by the manager and area manager of the company to ensure that people were well cared for.

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?

The service was safe. Eight people who used the service informed us that they were well treated and they felt safe in the home. Staff we spoke with were aware that they should treat all people with respect and dignity. They were aware of safeguarding procedures and knew how to report any concerns or allegation of abuse.

Risk assessments had been prepared. These contained action for minimising potential risks to people.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home.

Staffing arrangements were adequate. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work.

The home had a record of regular maintenance carried out and the premises were clean and furnished to a high standard.

Good



Is the service effective?

The service was effective. People who used the service said they were well cared for and supported by caring and friendly staff. This was confirmed by relatives we spoke with who found staff to be skilled, competent and who understood the needs of people

Staff had received appropriate training to ensure they had the skills and knowledge to care for people. Care plans were up to date and the physical and mental health needs of people were closely monitored. People could access community services and appointments had been made with health and social care professionals to ensure they received appropriate support and treatment.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However, some applications for DoLS authorisation had not been made for people needing continuous supervision and due to risks to their safety were therefore not free to leave without staff or relatives accompanying them.

Requires improvement



Is the service caring?

The service was caring. People who used the service and their relatives spoke highly of staff and said staff listened to them. They said their suggestions and choices had been responded to.

People told us staff were kind and respected their privacy and dignity. They told us that staff provided them with the assistance they needed.

Good



Summary of findings

We noted that staff spoke to people and supported them in a professional and friendly manner. People or their representatives, were involved in decisions about their care and support.

Is the service responsive?

The service was responsive. People informed us that staff were helpful and responsive to their needs. The care plans were person centred and took account of people's preferences and choices.

There was a weekly activities programme and people had opportunities to take part in activities they chose.

The home had a complaints procedure and people were aware of who to talk to if they had concerns. Relatives informed us that when concerns were expressed, staff responded promptly and appropriately.

Good



Is the service well-led?

People, three social and healthcare professionals and staff informed us that the registered manager was approachable and they were satisfied with the management of the home.

The quality of the service was carefully monitored. Regular audits had been carried out by the manager and staff of the home. In addition, the area manager visited the home monthly to speak with people and ensured that the home was well managed.

The results of the last survey indicated that people who used the service and their representatives were satisfied with the services provided. Professionals informed us that there was good liaison with staff.

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 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.

The inspection took place on 29th & 30th November 2014 and it was unannounced. The inspection team consisted of one inspector. We spoke with eight people living at Five Oaks, three relatives, eight staff, the registered manager and the area manager. We observed care and support in communal areas and also looked at the kitchen and six people's bedrooms.

We reviewed a range of records about people's care and how the home was managed. These included the care plans for five people, recruitment records, staff training and induction records for staff employed at the home. We checked five people's medicines records and the quality assurance audits completed.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted three health and social care professionals to obtain their views about the care provided in the home.

Is the service safe?

Our findings

The home had suitable arrangements in place to ensure that people who lived at Five Oaks were protected from abuse. People informed us that they were well treated. One person said, "The staff are good to me." Another person commented, "I have no complaints. I am treated with respect." A relative stated, "The premises are always clean and smell nice. Residents are protected and it feels safe."

Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC).

The home had the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". This ensured that staff were fully informed regarding action to take. The service had a safeguarding policy and details of the local safeguarding team were available in the home. The policy mentioned the need to report all allegations of abuse to the CQC. It included guidance for referring staff who were involved in abuse to the DBS (Disclosure and Barring Service) for inclusion in their register. This ensured the protection of people who used the service.

All staff we spoke with were aware of the provider's whistleblowing policy and they said they would report any concerns they may have. Staff also told us that the registered manager was supportive and approachable.

The care needs of people who used the service had been comprehensively assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with self-neglect, falls, dementia certain healthcare conditions such as diabetes and pressure sores. People at risk of falls were closely monitored by night staff and if needed, special alarms were available to alert staff when a person at risk of falls got out of bed at night.

There were suitable arrangements for the recording of medicines received, stored, administered and disposed of. The temperature of the room where medicines were stored

had been monitored and was within the recommended range. We looked at the records of disposal and saw that it was recorded that medicines were returned to the pharmacist for disposal. We noted that two staff were involved in checking and signing of the controlled drug records. The home had a system for auditing medicines and we noted that this was effective. This was carried out by the registered manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records seen by us indicated that staff had received training on the administration of medicines. People who used the service said that care staff administered their medicines each day. We noted that there were no gaps in the medicines administration charts examined.

People we spoke with informed us that the home had sufficient staff to attend to their needs. In addition to the registered manager and deputy manager, there was a minimum of eight staff during the morning shift, seven during the afternoon shift and four during the night shift. Other staff employed included kitchen and cleaning staff. The registered manager stated that additional staff would be on duty as required. People who used the service felt there were enough staff and that staff were always available if they needed help. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check to ensure that staff were suitable to care for people.

The training records indicated that staff had received training in Health & Safety. Staff were aware of the need to ensure that the premises were safe and people who used the services were protected from harm. There was a contract for maintenance of fire safety equipment. A minimum of four fire drills for staff had been carried out within the past year and at least one of them was carried out during the night. The fire alarm was mostly checked weekly and recorded. On two consecutive months, the alarm was checked three times instead of four times. The manager stated that she would ensure that in future, they were done weekly.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and electrical installations. We noted that the last inspection report for the electrical installations dated

Is the service safe?

24th January 2012 indicated that the electrical wiring was unsatisfactory. The manager stated that defects identified had been rectified. However, there was no documented evidence of this. The manager agreed to provide us with evidence of this. An appropriate certificate was received by us soon after the visit.

Window restrictors were in place in all bedrooms we visited. We noted, however, that two bedrooms with sloping windows were not restricted sufficiently. The registered manager agreed to ensure that the gaps were adequately adjusted. We were informed soon after the visit that this had been done.

The home had an infection control policy. However, the policy was not sufficiently comprehensive as it did not include guidance on infectious diseases such as Hepatitis

and MRSA. We recommend that this policy be updated and made comprehensive. The registered manager stated that the policy would be updated. There were suitable arrangements for the laundering of soiled clothing and linen. Soiled linen was placed in colour coded bags and washed in the washing machine using a special healthcare cycle.

We examined the record of accidents. Only two minor accidents were recorded. This contained adequate details and was signed by the staff member involved. We however, noted that there was no guidance in the record regarding how to prevent a re-occurrence of the accident(s). The registered manager stated that this guidance would be included in the future.

Is the service effective?

Our findings

People we spoke with informed us that they were well cared for and staff were competent and capable. One person who used the service said, "I am quite happy here. The staff are helpful and respond straightaway when I press the buzzer. I do not like all of the food served but I get a choice and there is enough to eat." Another person said, "I love it here. All of the staff are very helpful and supportive." A professional who was contacted by us stated that the care provided to their clients was always good.

Staff we spoke with said they worked well as a team and they were well supported by their managers. Regular staff supervision had been provided and staff meetings had been held. This was evidenced in the staff records we looked at. Annual appraisals had however, not been carried out separately from supervision sessions and not recorded separately. The registered manager stated that the appraisals were done and they were combined with supervision sessions. She stated that a new separate appraisal system was in the process of being introduced.

The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people's optician, dentist, dietician and their GP. The weight of people had been recorded monthly and staff knew what action to take if there were significant variations in people's weight. Staff were knowledgeable regarding how to care for people with behavioural needs and gain their co-operation. This meant that potential problems and risks could be minimised or defused. We noted that people interacted and responded well towards staff. Three health and social care professionals informed us that care staff were able to manage people's care effectively.

The arrangements for the provision of meals were satisfactory. People told us that they had adequate food and they were mostly happy with the meals provided. They stated that alternatives to what was on the menu can be arranged for them if they requested it.

The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the

correct temperatures. The home had been awarded a 5 star rating by the local environmental health department to indicate that the arrangements for the provision of meals was of a high standard. We observed people having their lunch and spoke with them. The dining room was spacious and people appeared to be enjoying their food. People we spoke with told us they were satisfied with the meals provided.

The registered manager had knowledgeable of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The DoLS can be used if a person who is in a home or hospital is restrained, restricted or deprived of their liberty for their own safety. The home had guidance on MCA and DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities. Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with said they had received relevant training. The registered manager was aware of the procedure to be followed when people needed to be deprived of their liberty for their own safety. We however, noted that assessments of mental capacity had not been carried out for people who required them. These are needed for the protection of people and should include details of who should be consulted if a person lacked capacity to make a decision. The registered manager stated that the assessments would be carried out.

We noted that some people living in the home needed continuous supervision and due to risks to their safety were therefore not free to leave without staff or relatives accompanying them. In such cases DoLS authorisations may be required. We recommend that such applications be made. The registered manager agreed to consult with the local authority officer responsible for DoLS regarding this. Following this inspection, the registered manager confirmed that she had consulted with the DoLS officer and made the necessary applications in accordance with their guidance..

The service had a service user guide with information about the services provided, staff involved and the activities provided. This ensured that people were provided with information about the home.

Is the service caring?

Our findings

We spoke with eight people who used the service. They informed us that staff were pleasant and caring. One person said: “The staff treat me with respect and they respect my privacy.” Another person told us, “The staff are good to me.” A relative commented, “The care is absolutely brilliant! I am quite happy with everything. The staff are so good and caring.”

We observed that staff were attentive towards people and were constantly interacting and talking with people. We saw that people could stay in their bedrooms or walk about freely in the home if they chose to. We saw staff assisting people with their drinks or meals. The registered manager, deputy manager and care staff we spoke with demonstrated a good understanding of the needs of people and their daily routine. They were also able to tell us about people’s interests.

Staff were aware that all people who used the service should be treated with respect and dignity. They stated that they were reminded of this during their training. The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. The registered manager informed us that religious services had been held at the home and arrangements can be made if people wanted to attend places of worship outside the home.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home. One person informed us that their bedroom had been redecorated in the style they chose and they had been able to furnish it with their own furniture.

People stated that staff had consulted with them regarding their care plans. Some people had signed their care plans. The registered manager explained that some people were unable to sign their care plans due to their dementia. The care plans set out people’s preferences and activities they chose to engage in. Regular reviews of care had been carried out by staff. We noted that there was no evidence that people who used the service, relatives or their representatives had been invited to the reviews. The registered manager explained that the care provided had been constantly discussed with them either by phone or when they visited people. This was confirmed by relatives we spoke with who said the home had kept them informed regarding people’s progress. Two relatives stated that they would like to be involved in the reviews. This was discussed with the registered manager who agreed that invitations would be sent out to relatives and representatives. This would ensure that people and their representatives are involved in the care provided.

Is the service responsive?

Our findings

People told us that they could express their views and staff responded to their suggestions and choices. One person stated, "The staff responded promptly when I press the buzzer." Another person said, "I can choose the meals I want." One relative stated that when a request was made regarding the positioning of a person's bed, staff responded promptly. A healthcare professional who communicated with us stated that staff responded well to their instructions regarding the specific care arrangements for a person they were responsible for.

Regular meetings had been held where people could make suggestions regarding the running of the home and activities they wanted organised for them. The minutes of meetings had been recorded and we noted that people expressed satisfaction at the services provided. We noted that some suggestions made by people regarding the meals provided and having one to one sessions had been responded to. Two outings had also been organised in response to suggestions made. This was confirmed by people we spoke with.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The care records of people contained details of their daily routine and activities programme.

Assessments of people's care needs had been carried out with their help. These assessments contained details of people's background, care preferences and choices. People who used the service had a care plan that was person centred and personal to them. The care plans contained information about people's preferred routines, likes and dislikes as well as their needs. We looked at three care plans and saw they had all been prepared to meet individual needs such as what activities they liked to engage in and the meals they liked.

The registered manager informed us that one to one sessions took place and these were organised by the activities organiser. We saw documented evidence of these one to one sessions.

The home had a complaints procedure. This procedure was included in the service user guide. People we spoke with knew who to complain to if they were dissatisfied with any aspect of their care. However, all people we spoke with said they were satisfied with the care provided and they had no complaints. We examined the complaints record. No complaints had been recorded. The manager confirmed that no complaints had been received although there were occasional minor informal concerns raised and these were promptly responded to.

Is the service well-led?

Our findings

People who used the service, relatives and professionals who provided us with feedback stated that they were happy with the quality of care provided. One relative stated, "We are kept informed and they are responsive to request for information and always come back to us." One professional who we communicated with stated that they found senior management to be caring and their staff were diligent in their work. This professional was happy to recommend the home to others. Another professional informed us that the home was well managed and the quality of care had improved due to changes in management. In addition, the staff were pleasant and approachable.

During the inspection we found the managers and other staff were welcoming towards us. Information requested was readily available. The registered manager informed that she was careful to ensure that the home was compliant with legal requirements.

The registered manager informed us that there was a good staff team and they worked well together. This was confirmed by staff we spoke with. They informed us that the manager was approachable and they felt supported in their roles. There was a clear management structure at the home. Managers and care staff were aware of their roles and responsibilities. The area manager carried out regular visits to ensure that people were well cared for.

Audits and checks of the service had been undertaken. These included checks on the environment, arrangements for medicines and nutritional audits. However, these audits were not sufficiently robust as issues such as those associated with electrical installations, deficient window restrictors and DoLS applications identified in this report had not been identified. We recommend that more robust audits and checks be carried out.

Meetings had been held where people could express their views about the service. These meetings were chaired by an independent person who visited the home. People informed us that they could make suggestions and staff listened and were responsive towards them. The registered manager stated that quality assurance surveys were done annually. We were provided with the results of the last survey. The report indicated that people who used the service and their representatives were satisfied with the services provided. No accompanying action plan had been prepared. The registered manager informed us that no action plan was needed as people who returned the surveys were satisfied with the services provided. The registered manager stated that a new survey had been started and the outcome of this survey was expected soon. She further stated that the management of the company was reviewing policies and procedures to ensure that the care provided by the home was of a high quality.