

Four Seasons (Evedale) Limited

The Oaks and Little 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

About the service

The Oaks and Little Oaks is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 73 people. The service supports older people, with a mixture of residential, nursing and respite packages.

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

There were enough staff to keep people safe. People and their relatives felt the service was safe. Staff understood how to recognise and report concerns or abuse. People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly with people and relatives and updated when required. Risks associated with the service environment were assessed and mitigated. People received their prescribed medicines safely. People were protected from the risk of infections. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

People and relatives felt staff had the right training to meet their needs. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People were supported to have enough to eat and drink. People and relatives spoke positively about the quality and choices of food and drinks. Staff contacted medical services promptly for advice. The provider had taken steps to ensure the environment was suitable for people's needs. 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.

People and relatives spoke positively about the staff who provided support. People also commented on how well staff knew them and supported them in the ways they preferred. People said they felt involved in making decisions about their care. Staff did not consistently respect people's right to confidentiality, but people said staff always treated them with respect.

People's care plans reflected their needs and they were involved in developing their care plans. People's communication needs were identified, recorded and highlighted in care plans. The provider employed an activities coordinator, and staff also assisted people to take part in group and individual activities. There was a planned programme of regular activities, but the coordinator also worked with people individually to ensure they had the opportunity to do activities that were meaningful and enjoyable to them. The provider had a system in place to respond to complaints and concerns. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives.

People and relatives felt the service was well-led. The registered manager and provider created an open and transparent culture, and clearly understood their roles and responsibilities in relation to managing a registered care home. People said they felt involved in the home and what went on there. Staff understood their roles and were positive about how they were managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 22 August 2019) and there were multiple breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Oaks and Little 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 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 visit was carried out by two inspectors, a specialist advisor and an Expert by Experience. Our specialist advisor was a nurse with experience in dementia care. 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

The Oaks and Little 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

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with nine people who used the service. We spoke with six relatives, nine care and nursing staff, the activity coordinator, and four staff involved in the administration and maintenance of the service. We spoke with the registered manager, and the provider's area manager. We looked at a range of records related to how the service was managed. These included eight people's care records and how medicines were managed for people. We also looked at three staff recruitment and training files, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff to respond to people's needs effectively and promptly. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to meet their needs. One person said, "I rarely need to ask for help, but when I do so they (the staff) are always here. I can rely on them." Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. They used a dependency tool to regularly assess people's individual needs, and this tool helped the registered manager make decision about staffing levels.
- Staff told us, and records showed the provider undertook pre-employment checks. This helped ensure prospective staff were of good character and were fit to carry out their work.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person said, "The staff look after us really well here and that makes us feel safe."
- Staff understood how to recognise and report concerns or abuse. One staff member described how they had felt confident to report a concern, and said the registered manager dealt with this quickly. Staff felt comfortable reporting their concerns to the provider, and if necessary, to the local authority.
- The registered manager and deputy manager reported any allegations of abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse as well as a whistleblowing policy, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly with people and relatives and updated when required. For example, staff carried out daily checks on people who were at risk of skin breakdown. This was to both check people's pressure areas and to ensure their pressure relieving mattresses were in good condition and at the correct setting. This meant people were protected from risks associated with poor pressure care.
- Risks associated with the service environment were assessed and mitigated. Staff had a clear system in

place for regular checks on all aspects of the environment. This included safety checks on equipment such as pressure relieving equipment, hoists and slings.

- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This meant staff had quick access to information about people's needs and guidance on how to support people safely in an emergency.

Using medicines safely

- People received their prescribed medicines safely. One person said, "My tablets always come on time; they [staff] certainly seem to know what they are doing with them." Staff received training about managing medicines safely and had their competency assessed.
- Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection.
- Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required. Staff carried out a range of regular tasks to ensure the service was clean.
- The registered manager ensured checks were done in relation to cleanliness and infection prevention and control. This ensured the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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 and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance and tools to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act, were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the right training to meet their needs. One person said, "The staff seem to be very experienced and know what they are doing." A relative said, "The staff are very good at their job; my relative wasn't eating or drinking when she first came here, but now they eat independently." Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to read people's care plans.
- Staff said their initial induction and training was thorough. Induction included shadowing more experienced staff and being introduced to people before providing care and support. Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Records we looked at supported this.
- Nursing staff received regular assessments of their clinical competencies which they were able to use towards the revalidation process of their professional registration.
- The provider ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared.

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

- People were supported to have enough food and drinks. Several people and relatives commented that the timings of meals could be spaced out more. For example, one person said, "Sometimes I feel that the meals are served too close together as we have lunch at 12pm and tea at 4pm."
- People and relatives spoke positively about the quality and choices of food and drinks. One person said, "The food is consistently good. I have a proper full breakfast; eggs, bacon, tomato etc. I have never been disappointed with the meals; they are always very nice."
- People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met. For example, people who preferred to eat in their own

rooms were supported to do this.

- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks.

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

- People said they had the option to visit their GP, or to use the GP who came to the service regularly. Staff contacted medical services promptly for advice. Care records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being.

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

- The provider had taken steps to ensure the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. The service had signs around the building to help people orientate themselves, although these were not particularly clear in the lounges and dining areas of the building. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.

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.

- People told us staff respected their choices. People and relatives said staff gained permission before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions, and what to do if people may not have capacity to make specific decisions.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly.

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 Requires Improvement.

At this inspection this key question has now improved to Good. 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 and relatives spoke positively about the staff who provided support. People also commented on how well staff knew them and supported them in the ways they preferred. One person said, "The staff are very kind; they are very good at their job." A relative commented, "I know that the staff are good with my relative, I see it and my relative responds well to them."
- Staff were caring and showed that they enjoyed the work they do. One staff member said, "I love the job: I like to help people."
- Throughout our inspection, we saw staff took time to spend with people. Whether this was chatting or doing an activity, there was laughter and good-humoured conversations between people and staff.

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

- People said they felt involved in making decisions about their care. One person said, "The staff regularly discuss my care plan with me." Relatives felt they were kept informed about their family member's care. A relative commented, "My relative has a care plan and I spoke with the staff about a month ago to update it." Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care.

Respecting and promoting people's privacy, dignity and independence

- Staff did not consistently respect people's right to confidentiality. For example, we found records relating to an aspect of one person's care on a dining table. Another person's care records had been left in a vacant bedroom. We spoke with the registered manager about this, and they took immediate action to ensure all records relating to people's care was stored securely.
- People said staff always treated them with respect. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of dignity in care and had training in this.
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times.
- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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's care plans reflected their needs and people said they were involved in developing their care plans. One person said, "I have a care plan and the staff wrote it with me, it details such things like I am quite independent and just need one person to assist me to wash and get dressed." A relative said, "My family member has a care plan and I spoke with the staff about a month ago to update it."
- People's care plans were detailed, containing information about how they liked to be supported. Staff we spoke with demonstrated good knowledge of the different ways people like to be supported.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. This was documented in care records, and we saw evidence that people were supported with these needs.

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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

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 felt they had support to participate in activities at the service. One person said, "The activities have improved recently since the new activities coordinator started, she really is excellent."
- The provider employed an activities coordinator, and staff also assisted people to take part in group and individual activities. There was a planned programme of regular activities, but the coordinator also worked with people individually to ensure they had the opportunity to do activities that were meaningful and enjoyable to them.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. People and relatives were confident concerns or complaints would be dealt with. One person said, "If I was concerned about anything, I would speak to the manager straight away and would have no hesitation in doing so."

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives felt the service was well-led. They knew who the registered manager was and said they were approachable. One person said, "The manager and deputy manager are very good; they listen to you and really try to put things right if you are unhappy about anything." A relative said, "We can see the manager whenever we want to, we just pop into the office."

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

- The registered manager and provider created an open and transparent culture. This was demonstrated by the staff team who were confident to share their views about the quality of care, were open to feedback and demonstrated they aimed to deliver a good service to people.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.

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

- The registered manager and provider clearly understood their roles and responsibilities in relation to managing a registered care home. The registered manager and provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment. This meant any issues with the quality of care were identified quickly and resolved.
- Staff understood their roles and were positive about how they were managed. One staff member said, "I feel supported with the management, they've been really good to me." Staff also commented positively about the increase in staffing levels, saying they felt more able to give people their time to provide good quality care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People said they felt involved in the home and what went on there. People's individual life choices and

preferences were consistently met. People, relatives and staff were involved in planning care and support. This included regular meetings for people and relatives, and also for staff. These meetings were used to gather information about the quality of care and make improvements.

- Staff had developed links to other resources in the community to support people's needs and preferences.