

# Four Seasons (Evedale) Limited

# The Oaks and Little Oaks

## Inspection report

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## Ratings

Is the service well-led?

**Requires improvement**



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 February 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaks and Little Oaks on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We undertook this focused inspection on the 20 and 21 October 2015 due to concerns we had received about the service. The inspection was unannounced.

The Oaks and Little Oaks is a care home with nursing and provides accommodation and personal care for up to 73 older people living with or without dementia. On the day of our inspection there were 55 people who were using the service

The service did not have a registered manager in place at the time of our inspection as the previous registered manager left the service in December 2014. The provider had recruited an acting manager who was in the process of applying to become the 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 in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke to the registered provider before our visit. They had also had concerns raised to them about the service which they had investigated. Additional management resources had been deployed at the home to support the acting manager. Processes and audits were in place to ensure that these concerns and any shortfalls in practice identified were resolved.

A long serving registered manager had left the service in December 2014. The new acting manager had begun making changes such as alterations to the meal times, shift times and frequency that people should be checked. Whilst some changes had brought about improvements, we found further developments were required to ensure those living in the service, their families and the staff team were fully informed ahead of changes being introduced.

The acting manager was visible and known to those living, working and visiting the service. People told us that they were confident that they could raise issues with the acting manager who would act on their concerns. Notifications required to be made to the local authority and to CQC had not always been made. This meant that those regulating the service may not have all of the information they needed to ensure that people are safe.

# Summary of findings

People told us that they were happy living at the home, and were complimentary about the staff. At the time of

our inspection we found staff to be friendly and approachable. Whilst there had been some turnover in staffing, we found this was no higher than in the previous year.

# 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 well-led?**

The service was not always well led.

Further developments were required to ensure a clear communication process was in place to discuss the changes being made at the service in recent months.

Notification that are required by law to be made to the local authority and the Care Quality Commission (CQC) had not always been made.

Systems were in place to check on the quality of the service and the provider was supplying additional support when needed.

**Requires improvement**



# The Oaks and Little 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.

We carried out an unannounced comprehensive inspection of this service on 23 February 2015. Following our unannounced inspection we received concerns in relation to the management of the service which was resulting in high level of staff turnover, poor practice within the service and insufficient staffing levels.

As a result of these concerns we undertook an unannounced focused inspection of Oaks and Little Oaks

on 20 and 21 October 2015. The team inspected the service against one of the five questions we ask about services: is the service well led? The inspection team consisted of two inspectors.

Before the inspection we reviewed information that we have on record about the service. In addition to this, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the course of our visit we spoke with 11 people who used the service, four relatives and six members of the staff. We also spoke with the acting manager, the organisations regional manager and the nominated individual and one visiting professional.

We looked at the care records of two of the people who were using the service and observed care being delivered. We also looked at a range of records relating to the running of the service including staff files and quality audits.

# Is the service well-led?

## Our findings

We received concerns in relation to changes that were being made at the home. There were concerns that a change in the culture of the management was impacting on the care that people were receiving. One person told us, "It is not as happy here as it used to be." Another person told us, "Lots of staff are leaving, but we don't know why". Someone who had lived at the home for some years told us, "There have been a lot of changes with the staff which I feel has been a little unsettling but I feel we are getting to the end of it now and it's getting better. We have some very good carers here and the care they give is very good, I would recommend the home."

We observed people were relaxed in the company of staff and saw people felt comfortable and confident to make requests and speak with the staff that were supporting them. People were able to speak up if they had any concerns and were confident that they would be listened to. One person told us, "If I have any problems, I can speak to anyone and they will sort it out." Another said that they would be happy to speak to staff if they had any problems." Relatives we spoke to were less confident. One person's relation told us, "There has been a change in the management – I'm not sure," although they did express their confidence in the care staff and said, "They are all great."

People using the service, their relatives, and staff all knew who the acting manager was and felt able to speak to them if they needed. Someone living at the service told us, "We see the manager quite a lot and can talk to her when we want to. I feel that [the acting manager] would listen if we had any concerns, but I don't have any." During our inspection we saw a relative speaking to the acting manager to raise a concern they had.

Most of the staff we spoke to were emphatic that the acting manager fulfilled their responsibilities. One staff member told us "She definitely does, she is a very good manager." Another said, "Yes, (she is a good manager), but there has been a lot of change." Staff we spoke to were confident that they would receive support from the acting manager if they asked for it.

People told us, "The staff are very good, they look after us well." One staff member told us, "[the acting manager] is always around the home observing the staff and always

around checking on the residents and staff to see they are okay." We were told how this was a different approach from the previous manager. Another staff member said, "I do feel the residents are safe and if [the acting manager] saw us doing something we should not be doing she would have us in the office straight away."

While people living in the home were complimentary about the staff and the way they were cared for, people's relatives and some staff expressed concerns about changes made since the acting manager had started. We were told about changes to the meal time arrangements, changes to the staffing rota and changes to the furniture and décor. However, we found people had not been effectively consulted prior to the changes being made. Not everyone understood the reasons for the changes nor were they expecting them. For example, the manager had moved the main meal to the evening to allow better spacing of mealtimes, better nutritional balance for those using the service, less food waste and a better work pace for staff. People living at the service and their relatives told us they preferred their meals at lunchtime, which they were used to. They did not feel their views had been considered in the decision making and did not understand the reasons for the change.

We found further developments were required to ensure clear and effective communication pathways were in place. For example we looked at the records of group staff meetings and at records of group meetings held for relatives. The records of these meetings showed that they were held infrequently. Staff and relatives demonstrated a lack of understanding for the reasons some of the changes were made. After our inspection the provider sent a calendar of dates for group meetings through to the end of 2016. This was planned to allow the acting manager an opportunity to discuss issues and deliver clear and consistent messages.

A staff member spoke about another of the changes - that each person is checked each hour. However, during our inspection we saw that one person had not been checked each hour as they were supposed to have been. While the manager took immediate action, this meant that systems in place to ensure that people received the right quality of care were not yet embedded.

We received concerns in relation to the acting manager being unapproachable. The majority of staff we spoke with were positive about the service, and said that they felt well

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supported by the acting manager. Staff told us they felt able to speak to the acting manager if they had any concerns at work, telling us, “[The acting manager], would do their best to sort any issues out.” Another staff member told us, “If ever I have any problems, I can have a meeting (with the acting manager) on a one to one basis.” Staff that we spoke with also said that they felt comfortable reporting concerns to the acting manager or whistleblowing on poor practice. One staff member said, “If I thought the residents were not being treated properly I would whistle blow.”

Staff told us about supervision and meetings they had and the acting manager spoke about ‘flash meetings’ with staff. We looked at the supervision records, but these did not show that staff received regular formal supervision. This meant that staff may not have opportunity to discuss their work and any changes at the home in a planned way.

We received concerns in relation to management at the home. On our arrival at the service, the staff member greeting us was not sure who was in charge of the home as the acting manager was not on duty. However they quickly found one of the nursing staff who was able to welcome us and make sure we had everything we needed to conduct our inspection. Shortly after our arrival the acting manager and regional manager returned to the service to see us. During our visit, the staff we spoke with were aware of who was in charge of the home when the manager was not there, several added that the acting manager was always at the end of the phone for advice if needed.

We received concerns in relation to staff turnover and staffing levels at the home. Each person’s support needs were assessed to ensure that the acting manager was aware of the number of staff required to meet people’s needs. These assessments were kept under review. We looked at the duty rota and saw that the required number of staff were planned for duty. We were told of one weekend several weeks previously when there had been a high level of unplanned absence and it had been difficult to source sufficient staff. The date of this weekend related to the concern we had received.

An analysis of staff leaving was shared with us. This showed that the number of staff leaving this year was lower than the same period in 2014. The acting manager told us that they had recruited staff in excess of the number identified by assessment of need, (including more part time staff), so that there was greater capacity to cover any absence with staff who were familiar to those living at the home.

People could be assured that the quality of the service was monitored. We saw processes were in place to monitor practice and check that the service was of a high quality. Staff told us, “[the acting manager] checks the daily charts and that people are being checked on a regular basis. I feel they would address any issues re the caring attitude of staff. Any issues would be discussed in confidence, but they would be addressed.”

There were audit systems in place which included daily and weekly ‘walkround checks’ to observe the practice of staff in the home as well as the physical environment. These looked at areas such as medication management, the environment within the home and health and safety issues to ensure that the building and equipment were safe. The findings of these were reported to the acting manager and also to the provider as that so that they could check that any shortfalls were rectified. There were systems in place to monitor any incidents and accidents so that the causes could be evaluated and any learning implemented so that the risk of reoccurrence could be reduced. The provider made visits to the service to check on the quality of care. These audits were recorded and contained action plans to ensure any deficits found were addressed in a timely fashion. We saw that these audits had also identified specific issues which had been investigated by the provider robustly.

Those living at the home, working at the home and visiting professionals were also able to feedback their experiences using an electronic system. This had a fixed terminal in one of the entrances, which could be accessed by anyone at any time, as well as a portable handset that could be moved around the home and taken to those less mobile. People were able to identify themselves or remain anonymous when they gave their feedback. The system alerted the acting manager and the provider of any concerns feedback so that they could take immediate action if needed. Data was analysed and the system provided reports to the acting manager and the provider on areas of satisfaction as well as areas for improvement.

The home is required to notify CQC of certain events by law. We were concerned that these notifications were not always being completed and the conditions of registration with CQC were not fully met. We found a recent outbreak (sickness and diarrhoea), had not been correctly notified to either the local authority or CQC. However, staff were aware of their role and the systems in place to ensure that the

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acting manager had access to the information needed to be able to make notifications when required. The acting manager was in the process of applying for their registration with CQC.

Before our visit we spoke to the provider about the concerns we had received. The provider confirmed that they had also had concerns raised with them. They said that they were working through every issue and had investigated each of the concerns, some using an

independent investigator, to ascertain what had actually happened. Their findings showed that while some concerns had no substance, others identified areas where they could have done better. Arrangements for additional management resources at the home had been put into place and we saw this during our inspection. The provider reiterated their confidence in the acting manager at the service.