

Four Seasons (Evedale) Limited

The Oaks and Little Oaks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Oaks and Little Oaks is a nursing home providing personal and nursing care to 47 people at the time of the inspection. The service can support up to 73 people. The care home accommodates people in two separate wings, each of which has separate adapted facilities. One specialises in providing nursing care and the other provides residential care

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

Accurate, up to date, and complete records were not always in place for people. Although staff understood the care needs of the people they supported, this was not always supported by the provider's care records and governance systems. The provider's quality monitoring processes were not always effective and had not identified some of the issues we found during our inspection.

People were supported by staff who they generally knew, and the provider tried to ensure any agency staff used were used regularly so they got to know people's needs. Some staff pre-employment recruitment check records were not always as complete as they should be.

People were protected from the risk of abuse. Staff had received safeguarding training and knew how to raise concerns when necessary. When incidents occurred, the registered manager reviewed the details so lessons could be learned.

Some staff had not all received the training they required, but the provider had introduced a new system which they said would address that.

People's bedrooms, the communal lounges and dining rooms were in good condition and hygienic. Other areas of the care home required refurbishment work. Most people told us that the food was nice, and people had a choice in the meals they were offered.

Relatives told us they found the staff, and the registered manager, to be approachable and that they listened to them. The provider had maintained contact with people's relatives during the COVID-19 pandemic. People, and their relatives, were regularly asked for feedback on the service by the provider. Action was taken as a result of feedback received.

External professionals told us, although the service had areas which needed to improve, the registered manager had an open and honest approach to making improvements and engaged well with other agencies.

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.

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

Rating at last inspection

The last rating for this service was Good (published 2 November 2019).

Why we inspected

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well-Led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Oaks and Little Oaks on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service. We have identified breaches in relation to the provider's quality monitoring and governance processes. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was carried out by an inspector and a Specialist Nurse Advisor. An Expert by Experience telephoned a sample of relatives, of people who live in the care home, to obtain their feedback. 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 a 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with seven people who used the service about their experience of the care provided. We spoke with eleven members of staff including the registered manager, regional manager, clinical lead, nurse, senior care workers, care workers, maintenance worker and catering staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment processes.

After the inspection

The Expert by Experience received feedback from 13 relatives of people who lived in the care home. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from the Local Authority social care commissioners who had recently visited the service.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The storage of waste was not always safe. The external bin area was unlocked, and external waste storage bins were overflowing. This increased the potential for the spread of health infections. After the inspection the registered manager told us they had acted and rectified those issues.
- Sluice rooms were malodorous and some communal toilet floors required new seals to be installed at their edges to enable more effective cleaning. This was discussed with the registered manager who took immediate action to address those areas.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- Medicine care records did not always state when time critical medicine should be given. For example, medicines for people who have Parkinson's disease. Although we saw medicines were being given as prescribed, the lack of clear guidance for staff meant some individuals may be at increased risk of not receiving their medicine at the correct time.
- The service had not followed their medicine policy in respect of administering a person's covert medicine. Although a best interest decision making process had been carried out, it had not included obtaining authorisation from the person's GP or pharmacist. The inspector discussed this with the registered manager who stated GP and pharmacist approval would be obtained immediately.

Staffing and recruitment

- People were supported by enough staff to meet their care needs. The roster records demonstrated staffing levels were sufficient to meet people's needs.
- People were generally supported by staff they knew. The provider had developed a stable staff team and had reduced the use of agency care staff. Agency nurses were used, but the provider aimed to use the same agency nurses, so they became familiar with people's care needs.

- Staff were safely recruited. However, gaps were found in two staff members pre-employment checks. This was raised with the registered manager who told us they would address it immediately.
- Agency staff were safely recruited. The provider ensured appropriate pre-employment checks were carried out by the agency. Those details were held on file at the care home. That helped to ensure agency staff were safe to work with vulnerable people.

Assessing risk, safety monitoring and management

- People's individual risks were assessed. Staff used nationally recognised assessment tools which led to individualised risk assessments being created for each person.
- Staff knew how to support people in an emergency. Care staff had received fire safety training and personal emergency evacuation plans were in place, so people could be supported to safely exit the care home in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to safeguard people. They had received safeguarding training and understood what to do if they identified any concerns about people.
- People told us they felt safe. For example, a relative told us, "The staff are lovely with my relative, they're a good caring crowd."
- People were protected from the risk of abuse. The provider's systems, policies and procedures were in place and effective. This helped keep people safe.
- People who raised concerns received sympathetic support. Action was taken to address concerns. The provider regarded this as normal and part of day-to-day practice.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed all incidents to identify themes. Those reviews were shared with care staff, and partner organisations.

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care plans were not always up to date. Therefore, information available to staff was not always accurate. The provider was in the process of updating people's care plans.
- People's care needs were assessed. Nationally recognised assessment tools were used by the staff. This helped to ensure people's care needs were identified.
- People, and their families, were involved in reviewing decisions about care. It was recognised the COVID-19 pandemic had made this more difficult, but we saw the provider had done this where possible.

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

- People's fluid intake/output records were not always reviewed, and action taken not always recorded if a person's records indicated they had not drunk a healthy amount. However, we saw people were regularly offered drinks and we found no evidence that people had become dehydrated.
- People's opinions on the food varied. One person told us, "The food is very good here", another person told us, "The food varies. Sometimes it's good. It's a matter of taste."
- Risks associated with eating, such as choking, were managed safely. People's weight was regularly monitored, and appropriate action taken when any concerns were identified.
- People had choices about what they ate. The provider ensured meal choices were available and there were also drinks and snacks available to people. The provision of appetising meals and snacks encouraged people to eat enough to be healthy.

Supporting people to live healthier lives, access healthcare services and support

- Care records were not always consistent. For example, care records did not always provide clear guidance to staff on how often people needed to be repositioned, and at what point specialist external healthcare advice should be obtained.
- People were supported to be as healthy and active as possible. Staff helped people to manage their individual medical conditions in a supportive and compassionate manner.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access external healthcare services. For example, people had been referred to the specialist nurse teams, opticians and GPs. Advice from those specialists was incorporated into care plans as a guide for staff on how to support people.

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.

- The provider had made the necessary applications to the local authority when it had been determined it was in a person's best interests to be deprived of some aspects of their liberty. For example, where it had been identified a person would not be safe if they left the building without being supported.

Staff support: induction, training, skills and experience

- Some staff had not all received the necessary training. The provider had recently introduced a new electronic training record system to monitor staff training. However, records showed not all staff had completed key elements of the training.
- Staff competencies were assessed. The provider regularly checked staff members' competencies to carry out key care tasks. Where issues were identified we saw the provider arranged additional support to staff to gain competence and confidence.
- Staff were observed using their skills and experience to support people in a compassionate, and caring way.

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

- People's bedrooms, dining room and lounges were in good condition. Other areas required refurbishment and the provider told us they planned to complete the refurbishment work.
- People told us they enjoyed accessing the care home garden and patio areas. They benefitted from outdoor activities, such as gardening, and accessing fresh air and sunshine.

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management of confidential information was not always secure. The information archive room was not locked, and previous resident's confidential personal records were easily accessible; and not stored in an organised manner.
- Medicine audits did not always identify issues. Although regular medicines audits were carried out by the provider, they had not identified the issues with medicine records that we found. The registered manager subsequently told us they would review the medicine audit questions.
- Environmental risks were not always consistently managed. Routine safety checks were regularly carried out. However, the checks had not identified potential environmental risks. The inspector discussed this with the registered manager who told us they would address them.
- The provider's governance systems had not ensured that up to date, and complete records were in place for people. Although the provider's staff understood the care needs of the people they supported, this was not always supported by the provider's care records and governance systems.

The provider failed to establish effective systems to assess, monitor and improve the service quality and safety of the services provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All the staff we spoke with understood their roles within the service and the registered manager had a good understanding of the regulatory requirements of their role.

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

- The culture of the service was positive. Relatives told us the manager was approachable and listened. One relative told us, "I speak to the manager each week, I feel listened to."
- Staff understood what they needed to do. The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care.

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 understood, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.

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

- People were routinely asked for feedback on the service. The provider sent out satisfaction surveys to residents, families and staff. Information from the surveys was reviewed for issues and trends, which were acted on to improve the service where necessary.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by staff training.

Continuous learning and improving care

- The registered manager was supported by the provider's quality monitoring processes which had resulted in the creation of a continuous improvement plan. Although quality monitoring processes required improvement, we saw evidence of that continuous improvement plan being used.

Working in partnership with others

- The registered manager worked well with other agencies. Feedback from external professionals was generally positive about the registered manager, who had an open and honest approach to identifying and addressing areas which required improvement.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to establish effective systems to assess, monitor and improve the service quality and safety of the services provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.