

The Wilverley Association

Forest Oaks

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Forest Oaks is a residential care home providing personal and nursing care to up to 46 people. The service provides support to older people and younger adults. At the time of our inspection there were 37 people using the service.

Forest Oaks provides residential and nursing care to people in two separate wings of a purpose-built care home. There were three floors accessed by stairs and a passenger lift, providing accommodation and personal care to people needing residential care, and a wing for people who needed nursing care. There were various communal areas which included a large restaurant style dining room, lounge areas and an activity room. There was also a garden accessible from communal areas and some bedrooms.

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

People were cared for by staff trained in safeguarding who were confident concerns shared would be acted on. Risks were assessed to minimise potential harm to people and the premises were well maintained with regular servicing and checks taking place of equipment.

Staff were safely recruited and completed an in-depth induction. We received mixed feedback about staffing levels however these were increased during our inspection.

Medicines were safely managed, and an electronic medicines administration record had recently been introduced. The premises were very clean with no malodours.

There had been several changes to the manager over recent years that staff found unsettling. A new manager commenced in post on the first day of our inspection and the addition of team leaders was planned to reduce pressure on registered nurses.

The CEO and an interim manager had been overseeing the service which staff told us gave stability. The registered manager was based at another of the providers services.

Robust auditing ensured the service was safe and compliant and learning was taken and shared from accidents and incidents.

Positive working relationships had been forged with health and social care professionals and in the local community.

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 17 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and a high turnover of managers. As a result, we undertook a focused inspection to review the key questions of safe and well-led only

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Forest 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 Health and Social Care Act 2008.

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 team consisted of two inspectors. An Expert by Experience contacted people's relatives by telephone after the inspection. 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

Forest Oaks is a 'care home'. People in care homes receive accommodation and nursing and / or personal care as a single package under one contractual agreement dependent on their registration with us. Forest Oaks is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was overseeing Forest Oaks alongside managing Little Haven Nursing Home another of the providers services. A new manager commenced in post on the first day of our inspection however had not begun their registration application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and one relative about their experiences of care at Forest Oaks. We spoke with 11 staff including the interim manager, the receptionist, the housekeeping supervisor, the CEO / nominated individual, health care assistants, senior health care assistants and registered nurses. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed two care records, multiple medicines records, five staff recruitment records and a range of other documents relating to the premises and service delivery.

After the inspection, an Expert by Experience telephoned 28 relatives and spoke with eight about the service their family member received at Forest Oaks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff participated in annual training in safeguarding and told us what they would report should they have concerns about people.
- The provider had a clear safeguarding policy and procedure. Staff knew where to access this and were confident their concerns would be followed up by the management team.
- There were robust records of all safeguarding alerts made by the provider. These included investigations into concerns and learning shared with staff following the event.

Assessing risk, safety monitoring and management

- A robust risk assessment policy ensured that assessments were completed for all aspects of the service and premises.
- We saw assessments which covered whole service risks, such as water hygiene, fire, and COVID-19 as well as individual assessments on areas such as pregnancy and medical conditions.
- Peoples care records contained risk assessments on areas such as tissue viability, moving and assisting and falls. Actions were noted to mitigate risks and minimise them.
- The premises were well maintained, and all necessary health and safety checks were carried out as scheduled. For example, infrequently used outlets such as those in vacant rooms were flushed regularly to minimise risks of legionella, the fire alarm system was sounded weekly and automatic door closers checked for efficacy should there be a fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff members were safely recruited. We saw recruitment records for five staff members, one did not have a full employment record however this had been added by the second day of our inspection. All pre-employment checks had been carried out including obtaining satisfactory references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff participated in an in-depth induction when they commenced in post and trained in areas such as moving and assisting, first aid and safeguarding. There was an in-house training manager who led much of the training on a face to face basis and who ensured staff training was kept current and completed competence checks as needed.
- We received mixed feedback about the number of staff deployed to support people. On the first day of our inspection, seven health care assistants, a senior health care assistant, a registered nurse and a deputy manager worked alongside an activities officer to deliver care and activities to people.
- A person using the service told us, "There's not always enough staff. You ring your bell and it takes quite a time for someone to come." Another person told us, "They come pretty quick, I can press at any time [the nurse call]".
- A relative told us, "My mum doesn't need nursing care so for her there seems to be enough staff." Another relative said, "There seems to be quite a lot of staff turnover, weekend staffing seems to be slightly lower and the staff on at the weekends don't seem to have as much time to do tasks as they do during the week".
- There was an equal split of staff telling us they needed additional staffing and that there were sufficient staff. One staff member told us they thought having an additional staff member would mean they could spend additional time with people rather than just providing care. They could take them to the gardens or sit and read with them for example.
- One staff member told us, "Some stuff is left due to staffing levels. The bed situation has been dire [several vacant beds], but they [management] don't realise that though not all rooms are full, the needs of residents can be quite high, especially when they are just out of hospital."
- On the second day of our inspection, the interim manager told us they had agreed, prior to the inspection, an increase in health care assistants from seven to eight during the morning and afternoon which had commenced that day. There had been a few occasions when staffing had reduced to five health care assistants during the afternoons which had caused some pressures on the team, however this was rare and usually regular agency staff would be booked to cover. At times, staff taking leave did not tell the provider in time to book agency staff.
- There appeared to be sufficient staff deployed to support people in the service and everyone appeared to be clean and well-presented indicating sufficient time was available to support them.

Using medicines safely

- Medicines were safely managed. In response to four medicines errors, one omission of medicines and three recording errors, the provider had introduced an electronic medicine administration record system, (eMAR). They had researched the product and selected one that should reduce the incidence of errors.
- Staff had responded well to training and using the new system. However, one staff member needed to use the system more frequently to stay familiar with it. They told us, "The training is OK but sometimes due to there being [registered] nurses on duty I may only administer medicines once per week."
- Medicines were managed in a person-centred way. 'As and when', or PRN medicines had brief, clear protocols to ensure they were given as needed and care plans took account of people's capacity and ensured medicines were given as per people's preferences.
- Medicines were stored in individual lockable medicines cabinets in bedrooms. Temperatures were monitored in medicines storage and we noted that at times, temperatures were recorded to be 24°Celsius in individual cabinets. We raised this with a registered nurse who told us in the event that temperatures reached 25°Celsius they would either relocate the cabinet to a cooler area of the room or move the

medicines to a secure trolley in a cooler area of the premises.

- Controlled medicines are subject to high levels of regulation as they are especially addictive and harmful. The provider had a large controlled medicines cabinet holding all controlled medicines centrally. A controlled medicines register detailed the numbers of each medicine held and was audited weekly by two medicines trained staff members.
- People were supported to be independent with their medicines. For example, one person managed their pain medicines while other medicines were administered by staff.
- A relative told us, "We have no concerns over the medication and my mum. I was there once when they came in to give the meds to mum and they reminded her what they were and asked if she was happy to take them." A second relative told us, "My mother is aware of her medication as staff explain it to her. My mum had a stroke before Christmas and we had a letter from the sister in charge to say that her medication had changed and what it was now."
- A third relative had a less positive experience telling us, "My mum is in a lot of pain and when we were there, I mentioned to staff how she seemed to be in pain. They tried to give her a paracetamol in yoghurt, but she wouldn't take it. I asked if they could give her Calpol or similar with the syringe / plunger straight into her mouth but they said they hadn't got any."

Preventing and controlling infection

- The premises were very clean and there were no malodours during our inspection. Housekeepers cleaned the premises daily and completed laundry for people using the service. We saw some walking aids needed to be cleaned and told the CEO who agreed to check them and add them to a cleaning schedule.
 - Relatives told us, "The home is very clean and well maintained", "My mums room is cleaned every day", "My mums room is lovely and clean" and "My mother started off as respite and then we asked if she could have a permanent place there as we all liked the home."
 - Most people we spoke with told us staff wore PPE at all times. However, one person we spoke to was concerned as they told us masks were not always worn. We observed staff wearing masks at all times during the inspection.
 - Staff members were trained in infection prevention and control and all staff we spoke with told us what they were doing to minimise the spread of infection
 - There had been a small outbreak of COVID-19 at the service and some cases of Norovirus. Both had been managed, contained and cleared quickly.
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- 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 using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.

- The provider had followed government guidance on visiting throughout the pandemic. When we inspected, visitors did not have to book appointments to visit and wore face masks. Most visits took place in people's own rooms also.
- During the pandemic, a visitor's pod had been set up and people had been supported to contact friends and relatives using tablets for video calling.

Learning lessons when things go wrong

- All accidents, incidents and near misses were reviewed and learning taken from them and shared.
- In the event there was a medicines error, the staff member involved would receive additional training and complete a reflective account in order to consider what could have been done differently and what learning they could take from it.
- There was a daily 'flash' meeting held for department leads where learning was shared along with them receiving updates. This was cascaded through the team as needed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The interim manager and CEO were encouraging to the staff team; they enabled them to complete qualifications in health and social care and were developing a career pathway for healthcare assistants.
- The management team were aware of, and were working to improve, the morale of staff at Forest Oaks. The provider had struggled with recruitment and had numerous vacancies. They had appointed a human resources consultant with a background in recruitment and had recently held successful interviews and appointed a number of staff to strengthen the team. This would hopefully improve morale by providing a stable, regular workforce.
- One staff member believed morale was generally quite positive and that it was a few staff who were gloomy and spoiled the workplace for everyone. They felt these staff should address their problems in the workplace so they were able to get on with their jobs as you cannot always be negative.
- Another staff member told us, "I would describe it [staff morale] as low to medium, we are fed up with changes all the time, though I understand why it happens. I can confidently say when staff go into people's rooms, they leave the negativity at the door and show high morale and positivity."
- The provider was open to new developments to improve people's experiences. They had been approached by a person who had a dog and was concerned they may not be able to bring the dog to the care home. The interim manager had reassured them and agreed the dog would not be a barrier to their services. They had also noted that activities for men needed to be further developed and were setting up a 'men's shed'.
- There was an annual quality assurance questionnaire given to people and their relatives and additional questionnaires and video calls were used to obtain feedback about services during the COVID-19 pandemic.
- Most relatives were positive about Forest Oaks. One said, "I can't fault Forest Oaks, I visited a few places before here and this was the best with friendly, welcoming staff and it doesn't smell."
- Relatives gave positive feedback about communication. One relative said, "I think they have the resident's meetings up again, my mother goes to them." A second relative said, "With the last manager we were able to join a family zoom meeting with a few other resident's family members and the manager. I felt that when issues were raised the manager dealt with these. I think a couple of us mentioned communication between management and relatives wasn't that good and that was addressed as we started to get more emails."
- Staff meetings were taking place regularly however due to management changes, staff members told us there had been fewer meetings than usual. Staff meetings were held weekly for six weeks during the COVID-19 pandemic to support staff when restrictions were being reduced, as the management team noted some staff found this period confusing and distressing.

- One staff member told us they were not permitted to have meetings of senior healthcare assistants. They said, "We requested a senior team meeting as staff were playing off against each other. Told seniors are not allowed to call a meeting so have set up a WhatsApp group for the seniors to make sure what they do is consistent."
- A relative told us, "I don't think things have changed, it's been really hard with Covid, the atmosphere is good and my mum has made friends. The activities lady is very good and encourages people to join in."

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

- There had been several changes to the management team over past years for various different reasons. A new manager had commenced in post on the first day of our inspection and a deputy manager who had worked for the service for a while in a different role, had recently been appointed.
- Staff members had found the numerous changes to the management team disruptive and unsettling. They found each manager brought changes and as they become embedded into practice, the manager left, and a different leader made more changes.
- A relative told us, "There have been some management problems over the past year, but the new director is good, conscientious and approachable. Over the Easter weekend (before the new manager came), there was nobody who could open the incoming post box and so there were a lot of Easter cards that had been sent to residents that they didn't get until after Easter as no office staff were there and carers didn't have a key." Another relative told us, "There have been a few managers, four I think in the past year, but the office staff have been very good. We get emails when there are changes in managers and I have just met the new one."
- An interim manager had been appointed in January 2022 who had provided leadership alongside the CEO. Staff told us they had been well supported by the interim manager and they had provided the necessary stability.
- Changes were being made to the staffing structure at Forest Oaks. Team leader posts had been introduced and would support the team by taking management tasks such as scheduling staff rotas and supervisions from registered nurses leaving them more time to complete clinical tasks. The posts were in addition to current staffing levels.
- There were thorough audits of the service. Areas covered included medicines, meals and nutrition, IPC, dignity and care plans. In addition, checks were carried out to ensure people did not have excessive unplanned weight loss and that Deprivation of Liberties Safeguarding applications had been made and followed up.
- All necessary notifications had been made. A notification is required when something significant happens in a service that CQC should be told about.
- The provider fully understood their responsibilities under the duty of candour. The provider apologised when necessary and ensured all concerns were thoroughly investigated and actions taken to minimise reoccurrences.

Continuous learning and improving care

- The provider was committed to making the service more person-centred and providing the best support to people so they could have fulfilling lives.
- The training offered at Forest Oaks was reviewed and added to. For example, they identified a gap in training for staff who wanted to progress from being a health care assistant into more senior roles. They were developing a management course which would provide staff with skills to progress their careers.
- Learning was shared from all accidents and incidents and cascaded through the team.
- Staff were encouraged to approach the management team with ideas about the service. For example, new ways to support people with their care or activities. One person who found it hard to settle in bed, was

provided with a light display for their ceiling following a staff members suggestion which proved successful.

- The provider had invested in an eMAR system to support staff in the administration of medicines. This was done to improve accuracy however it also enabled 'real-time' reviews and audits of medicines. The system could be reviewed to check times medicines were given, stock levels, to review actual prescriptions and to ensure medicines were signed for. This had proved to be very useful, for example, some medicines such as Parkinson's medicines must be given at set intervals. The system could run a report for just those medicines to ensure they were given on time. They could also check on use of other medicines such as antibiotics and antipsychotics.

Working in partnership with others

- The provider had forged positive working relationships with health and social care professionals and in the community. For example, the local church minister visited Forest Oaks each month to conduct a service. The provider also advertised in the parish magazine for people to become befrienders at the service. They were trying to find individuals with similar backgrounds, interests and outlooks to people living at Forest Oaks to maximise the benefits to people.

- Other visitors to the service gave educational talks and volunteered in the garden, helping some people develop their own small garden areas outside of their bedrooms.

- The provider also had a positive working relationship with their GP. They had facilitated the GP returning to the service to do face to face consultations again and were working with them to develop a more efficient medicines ordering system which would be time saving for both the provider and the GP surgery.