

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

High Oaks

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Supporting workers ✓ Met this standard

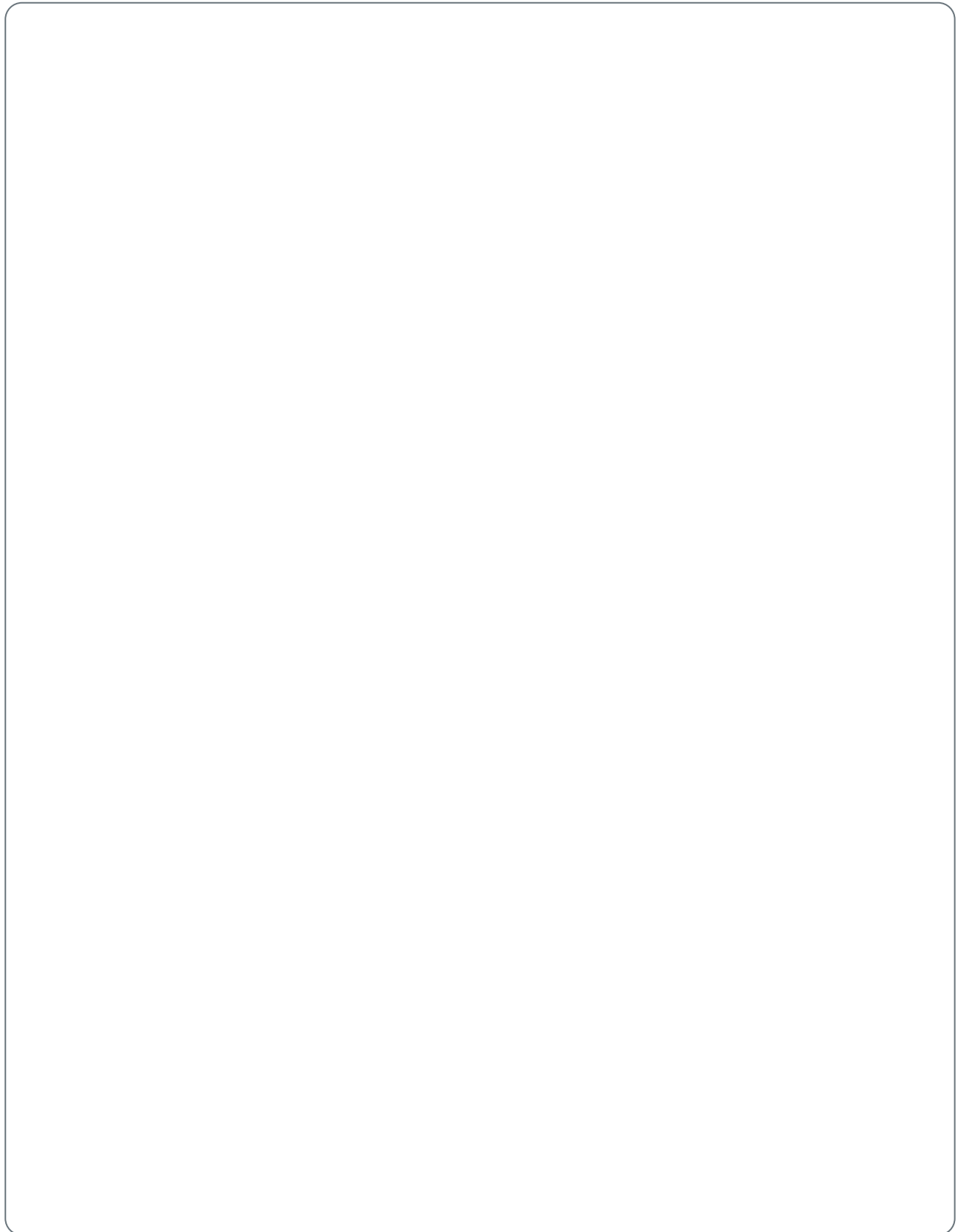
Records ✓ Met this standard

Details about this location

Registered Provider	High Oaks Farm Limited
Registered Manager	Miss Claire Caswell
Overview of the service	High Oaks provides residential care and support for up to 18 people with a mental disorder. The service is owned by High Oaks Farm Ltd.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.



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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection we spoke with five people who used the service. They told us that staff were always helpful and polite. One person told us that "Staff always knock on my door before they come in." People we spoke with told they always had a choice of meals, and a vegetarian option. They told us they had a meeting with staff every afternoon to "Talk about what we want to do the next day."

Two of the people we spoke with told us about their support plans. One of these people said "I helped with my support plan when I first moved here." Another person told us their support plan was "Reviewed quite often." They also told us that they had discussed plans for their future as part of their review.

People told about some of the things that they did during the day. This included shopping, cooking, art, music and walks. One person we spoke with told they liked helping with the cooking and said "It is helping me to be more independent."

Two of the people we spoke with told us that they knew what to do if they thought they were being abused or witnessed anything they thought was wrong. They told us that they would tell staff or the manager. One person told us that "Staff never shout at us, that would be wrong."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

During the inspection we spoke with five people who used the service. They told us that the staff team looked after them well. One person told us that staff "Always knock on my door before they come in." They also told us that they could choose what to eat at lunchtimes, and that there was always a vegetarian option.

Another person we spoke with told us that they "Get on very well with the staff." They told us that they had discussed their support plans with staff. They added that "We also discussed what I want to do in the future."

During our visit we observed one staff member supporting some of the people that used the service in an art session. They were keen to help and praised the work being produced and encouraged them to try other ideas. They spoke appropriately to the people they were with at all times. This showed they treated people they were supporting with dignity and respect.

A daily meeting of people who used the service enabled them to choose their breakfast for the following day, to look at planned activities available and choose what they wanted to do, discuss other options for activities and to discuss any thoughts or concerns. This meeting was recorded and a record of this seen during our visit. This showed how the provider encouraged people to make choices about their day to day living.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with five people who used the service about the planning of their care and support. Two of the people we spoke with told us about their support plans. One person told us that "I helped with my support plan when I first moved here." Another said that their support plan was "Reviewed and changed quite often." They added that it changed as "I am able to do more for myself." This showed that the provider involved the people they were supporting in their individual support plans, and took changes into account during support plan reviews.

People who used the service told us about activities and leisure pursuits that they were able to enjoy. During our inspection, we saw a group of people who used the service supported with some art work, and later in the day a music therapist was providing support. We were told that people were able to go for a walk locally, went shopping regularly, had access to a number of games and went to car boot sales and a local theatre. Two people were supported to attend the local church. This meant people who used the service enjoyed a range of varied activities.

People who used the service were supported in meeting identified health needs, going to their GP or other health related appointments. The people who used the service were all registered locally with a GP practice.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

We spoke with five people who used the service about the meals provided at the service. They told us the food was very good. One person told us there "Is always a vegetarian option available," They added that they sometimes chose the vegetarian option if it was something they liked. People we spoke with also told us that they had a takeaway meal every Saturday, and could choose what they wanted to have.

They told us they decided what to have for breakfast at the daily meeting held every afternoon, and it was then set out ready for them, in a sealed container, so that could eat breakfast when it suited them. This showed that people who used the service could make choices about their food and when to eat it.

People we spoke with also told us that they helped with the cooking. One person told us that liked to do some of the cooking because "It is helping me to be more independent."

The manager told us that people who used the service were encouraged as much as possible to eat a healthy diet and to exercise. This showed that the provider was helping the people supported to maintain a healthy lifestyle.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Two of the five people we spoke with told us about safeguarding. They told us that they knew what they should do if they saw someone being abused. They both told us that the staff were very good and helpful. One person said "They never shout at us, that would be wrong." This showed that people who used the service had an understanding about safeguarding.

We also talked with two of the staff team. They told us that they had received training in safeguarding recently. They were aware of the local authority procedures, and knew that they could speak with the local authority if they had concerns.

The service had notified the Care Quality Commission (CQC) of two recent incidents. The incidents had also been referred to the local authority. This showed that the provider acted in accordance with their procedures in relation to safeguarding issues.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Our inspection in March 2012 found that the provider was not meeting this standard. Action was needed to improve the bathing and shower facilities and the outside of the home to ensure that all areas of the home were safe for people who used the service. The provider sent us their action plan which told us about the improvements they had made.

We looked around the premises. The bathroom and shower areas were all clean with either outside windows or extractor fans to ensure that condensation and mould did not build up. The large gardens were well maintained, and on the day of our inspection people were enjoying sitting outside with their art work. We spoke with five people who used the service. They told us that they liked to be outside whenever the weather was good. One person we spoke with told us they enjoyed helping staff with some gardening.

We found that the work detailed in the provider's action plan had been completed satisfactorily.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

During our inspection we spoke with two members of staff. They told us that the service had recently changed from providing nursing care to just residential care. One person said that were enjoying the extra responsibility. They told they now helped people with their medication and told us the training they had been given to do this. They also told us about other training they had been given which included safeguarding, moving and handling, infection control and food hygiene.

The staff we spoke with told us they received regular supervision and told us that they had been kept informed by the provider of all the changes that had been made.

We looked at records for three members of staff. These showed that all staff received regular training. We were shown a copy of the planned training for the next twelve months. This showed that the provider was aware of what training would be needed in the future.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

Our inspection in March 2012 found that the provider was not meeting this standard. Action was needed to improve their records of fire drills and evacuation practice. The provider sent us an action plan showing how they would make those improvements. During our visit we saw evidence that regular fire drills had been held. The records showed that four practice evacuations had been held this year. Personal emergency evacuation plans were in place for everyone receiving treatment and support. This showed that the provider had completed the actions specified in their action plan.

During the inspection we looked at a number of other records held by the service. These included care plans and assessments, staff recruitment records, staff training records, meeting notes and medication records.

We saw that these records were accurate. Care records showed that they were reviewed regularly, and medication records completed with full details of any gaps. Recruitment records contained the necessary information about staff to ensure that they were fit for the role they were taking on.

We looked at notes from the daily meeting held with people who used the service. These showed what activities people wanted to do the next day, their choice for breakfast and any comments or concerns that had been discussed. This showed that the service took the views of people they were supporting into account.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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