

High Oaks Farm Limited

High Oaks

Inspection report

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23 April 2021

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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

High Oaks is a residential care home providing accommodation and personal care. It is registered to accommodate up to 18 people but had 16 people living there on the day of our inspection. People at the service lived with mental health needs. The service accommodates both older and younger people.

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

Staff assessed and reduced most areas of risk, however not all fire doors were safely used. They reported possible abuse and knew what to do to keep people safe. There were enough staff to meet people's physical and mental health needs. The provider obtained key recruitment checks before new staff started work. People received their medicines and staff knew how these should be given. Staff used protective equipment, such as masks, gloves and aprons, and reduced the risk of transmission of infection as much as possible.

The service was proactive in sharing information with other health and social care partners. The registered manager and Director had implemented a range of assurance systems to monitor the quality and effectiveness of the service provided. This included an annual assessment undertaken by an independent consultant. Systems were in place to seek feedback from people, relatives and health care professionals who used the service as a means to develop and improve service delivery.

The service had a registered manager and people received consistent support from a regular staff team. Staff were positive about the service and the levels of support and training they received. The registered manager was described as supportive and responsive.

Rating at last inspection and update

The last rating for this service was Good (published 30 May 2018).

Why we inspected

We carried out a targeted inspection to look at the infection control and prevention measures the provider has in place. During the inspection we identified concerns about one person and we therefore changed the inspection to a focused to review the key questions of Safe and Well led.

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 coronavirus and other infection outbreaks effectively.

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 not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

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 caring findings below.

High 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 so we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

High 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

We gave 24-hour notice of the inspection in line with our methodology for IPC (Infection Prevention and Control) assurance inspections. We changed this inspection to a focussed inspection looking at the areas of Safe and Well-led following the start of our inspection.

Inspection activity started on 16 February 2021 and ended on 23 April 2021. We visited the care home on 16 February and 9 April 2021.

What we did before the inspection

We did not review information we had received about the service before this inspection as we were carrying out a IPC assurance visit and did not need to do this.

During the inspection

We spoke with four staff members including the registered manager, the deputy manager, kitchen staff and housekeeping staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We completed observations of how staff interacted and spoke with people, and of how the service was running generally.

After the inspection

We spoke with three people's relatives and six staff, including care and maintenance staff. Due to the COVID-19 pandemic the registered manager sent us information and records electronically. We looked at recruitment records for three staff, a range of other records, including four people's care records and a variety of records relating to the management of 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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and looked at different aspects of their safety, such as, what support a person might need in the event of a fire. A generic fire risk assessment was available and established processes were in place to ensure fire safety was adhered to. The registered manager told us fire drills were carried out every three months and included people living at the service. They told us that there were a few people who may smoke in their rooms. There were actions in place to reduce the risk of this, such as a designated smoking area and managing some people's access to cigarettes.
- However, we saw there were some areas which increased the risk of the safety of people in the event of a fire. Two bedroom doors had been propped open with items that prevent automatic closure of the doors and an external fire door failed to close fully. The registered manager said they would make sure closure devices were fitted to all doors.
- Shared facilities meant there were occasions of conflict between people living at the service. Staff received training to help them understand how to effectively manage this and specific risk assessments. Staff completed assessments that identified potential areas where people were more at risk of displaying behaviour that challenged others. These identified the actions staff needed to take to reduce risks to others or themselves.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were appropriately referred to the local authority safeguarding team. One social care professional told us, "Incidents have been promptly communicated to outside professionals ..., risk managed appropriately, and plans reviewed and put into place."
- Staff had a good understanding of how to support people to reduce risk. Staff and the registered manager knew what actions to take. A social care professional told us they regularly received reports and the registered manager was, "Really pro-active," when dealing with safeguarding issues. They went on to say, "She made me aware promptly once [the concern] was discovered, reported the matter to [the local authority] safeguarding and the police."

Staffing and recruitment

- Staff told us they felt there were enough staff available to care for people living at the service. Health and social care professionals also told us they thought there were enough staff available. One professional told us, "Staffing levels there always seem appropriate for the need of [people]." Another professional said the management team were very responsive when one person needed additional staffing to care for them on a one to one basis.
- Staff completed a dependency tool each month that indicated how much support each person needed. Staffing levels were then determined from this and made sure staff were available for mental health support

as well as personal care and cleaning. Information sent to us shows there were enough staff to cover all of these areas except kitchen staff at weekends. The registered manager told us that additional meals were made during the week and frozen or left in the fridge for people at weekends.

- We found that required pre-employment checks had been carried out before new staff started working at the service. Disclosure and Barring Service (DBS) checks and references were obtained for new staff before they started working for the service.

Using medicines safely

- The service had an up to date medicines policy which had been reviewed at least annually. The medicines policy stated, "In accordance with High Oaks model of support, it is important to encourage independence and empowerment of residents to self-administer their medicines wherever possible." The registered manager told us that most people had some ability to take their own medicines. There was information in care records to guide staff on how to support the person to take their medicines, what to do if they declined and any specific dispensing instructions.
- Due to the nature of people's illness some people required additional support to take their medicines regularly. The service was proactive in working with other agencies should a person refuse their medicines which could have a further impact on their mental health.
- Staff received annual medicines training and had their competencies assessed at least annually unless they made a medicines error in which case their competencies would be reassessed. There were regular, both daily and monthly, audits of medicines and errors were identified. These were mostly recording errors, which were addressed by the service.

Preventing and controlling infection

- 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.

Learning lessons when things go wrong

- Staff felt well supported and meetings and handovers were used to disseminate information and lessons to be learnt were incorporated into incident analysis.

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 remains the same. 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

- The registered manager and senior staff worked to develop an open culture within the service. Staff told us they liked working at the home, one staff member said, "All staff work together as a team and the management team communicate well with us." Both families and health care professionals appreciated that the registered manager kept them up to date and accessed services as required. A health care professional told us, "The manager at High Oaks is very professional and friendly, her communication between her staff and the Mental Health service, which I work for is excellent. She appears to have a vested interest in helping support the [people] who reside there."
- Staff understood their responsibilities to ensure people received the care they needed and stepped in to support other staff when needed. One staff member told us, "We have a very dedicated hard working team." Staff reported on the positive culture within the service in which they felt supported and had access to the learning they needed. We received positive feedback about the registered manager who had been in post for two years and had relevant experience.
- The service provided to people varied according to their needs. The service user guide described the service as one with a focus on rehabilitation, recovery and promoting independence. Staff spent time with people trying to support and enable them to make appropriate decisions and set their own goals.

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 service displayed their inspection rating on their website and had a copy displayed at the service.
- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things.

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

- There was management oversight and staff felt supported and said the out of hours on call system was responsive, with both the manager, deputy and director providing backup. A health professional said, "[Registered manager] is passionate about the clients she supports and will advocate for them when necessary."
- The Director engaged other professionals to oversee different aspects of quality, safety and training. They proactively asked for feedback about different aspects of the service to ensure quality improvement. Staff had opportunity to develop themselves and had key roles and areas of responsibility.

- A business continuity plan was in place, which showed how the service had adapted to the current pandemic and had continuity plans in place to ensure the service was adequately staffed. Meetings with staff were used to keep them updated and provide training and guidance on different areas of development such as infection control and fire safety.

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

- The service involved staff in the development of the service and annual surveys included people's feedback. We saw that obtaining people's views could sometimes be difficult. Key worker meetings were held with people to decide what they wanted to do, and family consultation was good, where this was possible. Neighbourhood relations had been difficult, but the service had tried to engage with the local community and hold local events to help break down the stigma of mental health.
- Staff received training to help them understand people's needs and work in line with people's individual needs. Staff took into account people's preferences in terms of gender specific care, preferred menus but were only able to guide people and respect that people sometimes made poor choices.

Continuous learning and improving care

- Some staff had come from different working environments but had clear transferable skills and feedback we received was that staff were knowledgeable and able to meet people's needs well. One staff member told us, "Training is continuous, and we are regularly given update courses and information to keep us up to date with procedure. we have had de-escalation training." Professionals and families told us staff were competent.
- The service kept records to show how it monitored the service to ensure people received a safe and effective service. The registered manager provided an analysis of incidents, which gave an overview of who was involved and when this occurred more than once. It identified common themes and actions taken as a result. Lessons learnt were incorporated as part of the incident management.

Working in partnership with others

- The registered manager had increased confidence in the service, and we received positive comments about how they worked on behalf of people using the service whilst being responsive to the needs of the staff team. The recent acquisition of an experienced deputy manager would further strengthen the management team. A health care professional told us, "I think the management team are approachable and caring ... Management are quick to gain advice and support when required and quick to raise concerns. The manager is receptive to any advice or intervention which I recommend."