High Oaks Farm Limited

High 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

High Oaks provides accommodation and personal care for up to 18 people with a mental health disorder. The service does not provide nursing care. Sixteen people were living in the service on the day of our inspection.

We inspected this service on 16 and 17 December 2016. The inspection was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Areas of the service and equipment was dirty and poorly maintained which placed the people using the service at risk of acquiring infections or at risk of harm.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that were challenging to others. People were supported to take their own medicines. Protocols were in place to guide staff when medicines prescribed on an 'as required basis' should be administered. This meant people were receiving their prescribed medicines when they needed them. The registered manager had worked well with the police and local authority where safeguarding concerns had been raised to ensure the safety and welfare of the people involved. However, they had not always reported these incidents to CQC in accordance with regulations. Risk profiles and crisis management plans were detailed and gave staff clear direction as to what action to take to minimise incidents of challenging behaviour. This was done in a consistent and positive way and which protected people's dignity and rights.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who used the service by ensuring that if there are restrictions on their freedom and liberty these were assessed by professionals who considered whether the restriction is appropriate and needed. The registered manager had made appropriate DoLS applications to the local authority to ensure that restrictions on people's ability to leave the service were lawful.

There was sufficient staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service. Staff knew the care needs of the people they supported well. This was because staff had received training that gave them the skills and knowledge to meet people's specific needs.

People were involved in determining the kind of support they needed. Staff offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected. People were supported to carry on with their usual routines within the service and when accessing places of interest in the community. People were provided with sufficient to eat and drink to stay healthy. People had access to

health care professionals, when they needed them.

Staff felt supported by the management team and felt there was good leadership in the service. Staff were clear about the vision and values of the service as set out in the staff code of conduct. These referred to providing a service where people were empowered and treated with dignity, respect and equality. We observed staff putting these values into practice during our inspection.

The registered provider had a range of systems in place to assess, monitor and further develop the quality of the service. However, these had not identified the issues that were identified in this inspection in relation to the risks to people's safety and welfare and the poor cleanliness and maintenance of the premises and equipment.

We found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have asked the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

Improvements were needed to the maintenance of the premises and equipment to reduce the risk of injury to people using the service.

Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

Effective systems were in place to provide people with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care and treatment was assessed. Where people were deprived of their liberty for their own safety, this was done lawfully.

Staff had been provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were provided with enough to eat and drink to maintain a balanced diet. People had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were supported to express their views and make decisions about their care and support.

Staff had developed positive relationships with people who used the service.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place to show that complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place to assess and monitor the service had not been used effectively to identify risks to people's safety and welfare. They had also failed to identify poor cleanliness and maintenance of the premises and equipment.

The registered manager had not always informed us [CQC] of safeguarding issues in accordance with regulations.
Staff were clear about the vision and values of the service in relation to providing care, with dignity and respect.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

High Oaks

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 December 2016 and was unannounced. The inspection was carried out by two inspectors.

We reviewed previous inspection reports and the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with three people who were able to express their views, but not everyone chose to or was able to communicate effectively and articulately with us. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We looked at records in relation to four people's care. We spoke with two support workers and two mental health nurses visiting the service. We also spoke with the registered provider's representative, registered manager and the deputy manager. We looked at records relating to staff recruitment and training and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Incident and accident records showed seven separate occasions where a person had used objects as a ligature to self-harm. However, potential hazards associated with sources of ligature, such as coat hooks had not been assessed to identify and reduce the risks of self-harm. The registered provider's representative and the deputy manager told us, there had not been an issue with ligature points around the service. However, they both recognised when we raised this issue that due to the needs of people using the service it was not without risk and agreed to fully assess the premises. On the 22 December 2016 the registered provider informed us all coat hooks had been removed and exposed beams in the corridors had been covered. They had also booked a specialist in ligature training to attend the service on 3, 4 and 5 January 2017 to provide staff training and to assist in the development of a risk assessment to reduce the risk of ligature and self-harming behaviour.

Although, environmental assessments had been completed in relation to fire safety and legionella, other areas of risk had not been identified. We found the service was dirty and poorly maintained which increased the risk of people acquiring infections and placed them at risk of harm. Toilet seats and pans were dirty, stained with lime scale and a strong odour emanated into corridors. Walls, ceilings and tiles on walls and floors in bathrooms and toilets were dirty. We found mould growing on walls, and around the base of baths and shower basins. Radiators and towel rail surfaces were unclean and plug holes and taps were rusty. One of the shower chairs had rusted away underneath and the rubber foot stops were very dirty and rusting. One person's bed was one half of a metal posted bunk bed. There were no stops to the tops of the bed posts, these were hollow, collecting dirt and was a potential risk for the person cutting themselves on sharp metal edges. The mattress was also in poor condition.

The deputy manager provided us with a copy of a cleaning schedule which clearly identified a daily programme of cleaning. However, the registered manager told us that the service had been without a cleaner since beginning of November 2016 and staff were carrying out the cleaning. One person told us, "I do my own laundry, but not at the moment as the washing machine is broken." When we checked the laundry room we saw that the washing machine had broken and was stuck mid cycle.

Following the inspection the registered provider's representative confirmed in writing the action they had taken to address the issues about the cleanliness and maintenance of the premises and equipment. They had ordered a new bed and waterproof and tear resistant mattress. A new shower chair had been purchased replacing the one that had rusted. A deep clean of the service had been carried out on 22 December 2016. A temporary contract cleaner had been appointed until a new cleaner started work. The washing machine had been repaired on 19 December 2016. The registered provider's representative also informed us that all toilets and bathrooms were to be refurbished in January 2017.

The Provider Information Record (PIR) stated in March 2016 that external consultants had been engaged to carry out a survey to obtain feedback on the quality of the service. Questionnaires had been sent asking people who used the service and professionals involved in their care what they thought about the service. People were asked questions relating to how safe they felt. Overall people responded that they were safe

and comfortable, with ratings of 'good' or 'very good.' One person told us staff treated them well and that they felt safe living in the service, "Because you can have a laugh and a joke with other people and the staff." Health professional's feedback was equally positive. They had fedback that although people using the service could at times be very challenging, staff demonstrated excellent skills in managing people to keep safe. They dealt with people's behavioural needs sensitively and effectively.

Staff were aware of the provider's safeguarding adults and whistle blowing policies and their responsibilities to ensure that people were protected from harm. Staff told us that they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. This was confirmed in discussion with one person who told us, "If I am unhappy about something, I speak with the manager. Once another person living here pushed me, they can be a bit funny, but the manager supported me, and makes sure this person stays out of my way." Staff understood the support people needed to keep them safe, during periods of distress and behaviour that was challenging to themselves and others. Where safeguarding concerns had been raised, the registered manager had taken appropriate action to liaise with the police and local authority to ensure the safety and welfare of the people involved.

We saw there was enough staff available to meet people's needs. This was confirmed in conversation with one person, who told us, "There is always a member of staff available when I need one." Staff confirmed staffing levels were sufficient, but said without the presence of a cleaner, they had extra cleaning duties to carry out. However, one member of staff commented, "If people need me, they come first before the cleaning." The registered manager told us a new cleaner had been recruited, but they were waiting for their police checks and references to be returned before they could start work.

The registered manager told us staffing levels had been assessed by the registered provider. These included additional hours to provide one to one support where this had been funded by the local authority. This was confirmed with the registered provider's representative who told us they did not have a specific tool to assess staffing levels. They told us they reviewed the number of staff needed on shift on a regular basis. For example, when new people moved into the service staffing numbers were reviewed as part of their assessment to ensure their needs would be met.

Three staff files examined confirmed a robust recruitment and selection process was in place. Staff confirmed all relevant checks, including a police check and appropriate references, had been obtained prior to them starting work. The PIR stated when recruiting prospective staff they were assessed on key areas, such as how they demonstrated kindness, compassion, respect to others and promotion of dignity. Candidates were invited to spend time with people using the service under supervision. This enabled the registered manager to observe their interaction with people and helped to form a view of their suitability for the role. This ensured staff recruited had the right skills and were suitable to work with people who used the service.

Systems were in place that showed staff managed medicines consistently and safely. Medicines were being obtained, stored, administered and disposed of appropriately. We checked the stock of medicines and medicines administered against people's medicines administration charts and found these were accurate. People were supported to administer their own medicines where they had been assessed as able to manage this aspect of their care. One person spoken with knew the medicines they were prescribed, why they took them and what the side effects were. They told us, "Taking my medicines keeps me well." Staff had a good knowledge of the medicines people were prescribed. Staff confirmed they had received up to date medication training and had their competency assessed regularly to ensure people's medicines were administered safely.

Good

Is the service effective?

Our findings

The quality monitoring questionnaire for people who used the service carried out in March 2016 asked questions relating to how they rated the support provided by staff. Out of a total of 13 responses, all were 'good' or 'very good', with two exceptions, one average, one poor. These negative responses had been as a result of the people's mental health at the time of completing the questionnaire. We observed staff supporting people during the day, they had a good understanding of people's individual behaviours and health needs. People spoken with told us they were confident staff knew how to meet their needs. One person commented, "I have been here on and off for a long time, the staff are lovely." Another person said, "This place is great, it's the best place ever."

The PIR identified that the provider had a proactive approach to the learning and development of their staff. A training programme was in place that ensured the needs of people were consistently met by staff that had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Training covered a range of topics including safeguarding people and health and safety. Staff confirmed they were provided with training that gave them the knowledge to meet people's specialist needs, such as mental health awareness and to promote positive behaviour. Staff felt confident the training provided had given them the skills to support people when difficult situations had occurred.

The registered managed told us all staff had an induction which began on day one of their employment, and which they were expected to complete within the first 12 weeks. They told us the staff induction had recently been adapted to reflect the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker. Two staff spoken with confirmed they had completed their induction when they first started working for the organisation. This had included shadowing an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. They told us the training and support they had received during their induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

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. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) and had a good working knowledge of how these principles should be applied to ensure people's human and legal rights were respected. The registered manager told us people had been assessed as having capacity and were supported to make choices about their care and treatment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw that an appropriate DoLS authorisation was in place for one person to lawfully deprive them of their liberty. This authorisation was in place because their safety would be at risk if they left the service unescorted.

People told us and their care records confirmed that they had access to health care professionals and were supported to manage and maintain their own health. People and staff told us that a local doctor made regular visits to the service. Staff told us they would call a doctor if necessary at any time. All three people spoken with confirmed they had access to health professionals, including support from the psychiatric mental health team when needed. One person commented, "I have regular meetings with my doctors to discuss my mental health needs." Another person told us, "If I don't feel well, I can see the GP; staff ask the doctor to come to see me here at High Oaks."

People were provided with a balanced diet and had sufficient quantities to eat and drink to stay healthy. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. One person told us, "I get nice food, like fish and chips." Other comments included, "There is a chef and we have a set meal each day, but if I don't like what is on offer, I can have something else" and "I don't eat much, but they [staff] will make me something to eat when I want it, or I can make myself something."

People's care records showed that their dietary needs were being assessed, monitored and where required referrals were made to the appropriate health professionals. For example, a person with digestion problems had been referred for specialist treatment. Where they had lost weight this had been discussed with their GP and referred to a dietician. The chef told us they encouraged this person to eat foods as recommended by the dietician, but they often refused. However, we saw from the persons records that their weight was slowly increasing.

Staff told us although healthy eating was promoted, people were able to have what they wanted to eat, as this was their choice. People's food choices and preferences were discussed and reflected in the menus, including takeaways. People told us, and we saw for ourselves that they had access to hot and cold drinks when they wanted them. One person told us, "I can access the kitchen and dining room and help myself to snacks and drinks when I want them."

Good

Is the service caring?

Our findings

The quality monitoring questionnaire carried out in March 2016 asked people, professionals involved in their care and their relatives if staff promoted a caring atmosphere and if they were friendly. Feedback from relatives and health professionals was that staff were empathetic, knowledgeable and understood people's needs well. This was confirmed in discussion with people using the service. They told us staff were caring, kind and supportive. One person commented, "I am not worried about living here, I like it here." Another person told us, "Living here actually it's alright. The staff are okay. I am really happy."

A community mental health nurse told us, "All of the people we have placed here have been refused placements by other providers as they were unable to meet their needs. I would recommend this service, it is absolutely lovely. The staff are really helpful and provide exceptional care."

The PIR stated a person-centred approach is promoted in the service. Person-centred care takes into account people's needs, preferences and strengths and ensures they are involved in making decisions about their care and treatment. We saw that this approach was being implemented. Each person using the service was nominated a key worker to enable a higher level of consistency in the care and support they received. [A key worker is a named member of staff who works with the person and acts as a link with their family]. This role ensured staff working with the people understood their needs, their life history and were aware of things that may define them such as their cultural background, gender and personal preferences.

We observed the interaction between staff and people was caring and friendly. Staff were respectful when talking with people, referring to them by their preferred names and spoke discreetly about their personal care needs. Staff had good knowledge of the people using the service. They spoke in detail about their current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. We saw that they were attentive to people's needs and offered reassurance when people showed signs of anxiety.

People were supported to express their views. People told us and their care records showed they were involved in making decisions about their care, including decisions to refuse treatment. For example, one person's care records showed they had consistently refused to attend exploratory health appointments. Whilst staff and health professionals had tried different approaches to encourage them to attend they continued to refuse, stating "It's my life." Staff had recorded and respected their decision.

The chef told us people were encouraged to discuss the menu and provide their thoughts on what meals they liked and did not like. They told us the menu was discussed at a 'residents meeting' approximately every three months and at six monthly residents forum meetings. Following these meetings the menu was adjusted accordingly. Additionally, a residents' meeting was held daily providing another opportunity for people to raise suggestions, preferences and discuss concerns.

People using the service had been assessed as having capacity to make decisions about their care and treatment. The registered manager told us the majority of people had relatives or solicitors who acted on

their behalf when making more complex decisions about medical treatment or financial affairs. Where people did not have this support or wanted independent support the registered manager confirmed advocacy support was available. [An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights and ensure that their rights are upheld]. The registered manager confirmed people had used advocacy services in the past, but only one person was receiving this support at present. This showed us support was available that ensured people's wishes, needs and preferences were respected where they were unable to speak up or make important decisions for themselves.

Staff understood the need to promote people's privacy and dignity. This was confirmed in conversation with people using the service. People told us staff respected their rights to have private conversations and talked to them about confidential matters in their own rooms. People also said that staff respected their privacy by knocking and waiting to be invited into their rooms. One person told us, "Staff do respect my privacy, I have my own shower in my room. They [staff] help me with my personal care, which is sometimes embarrassing, but they are really nice about it."

Staff told us people were encouraged to maintain personal relationships and were supported to do this. People confirmed that there were no restrictions on visiting. One person told us, "My relatives visit me; my [relative] is coming over on Christmas Day. I have my own phone and can speak with my relatives when I want to." Another person commented, "I stay in contact with my [family member] by phone and speak with them most days."

Good

Is the service responsive?

Our findings

We looked at four people's care plans which showed they had been diagnosed as having complex mental health needs. Each plan provided in-depth information about the person and contained guidance for staff to manage their mental health and specific conditions, such as, gastro-oesophageal reflux and diabetes. Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Staff had a good understanding of their individual personalities and what could cause their behaviours to change.

Robust risk profiles and crisis management plans were in place guiding staff on how to support people to manage episodes of self-harm and aggressive behaviour. These plans had been written in a way that guided staff on how to support people in a consistent and positive way. The plans promoted people's dignity and rights, and protected them and others from potential risks of harm. Staff were clear they did not restrain people when their behaviour was challenging. They told us they had recently completed training to help protect themselves and others when a person using the service was behaving in a way that that was physically challenging. Staff clearly understood the support people needed when they experienced distress and during incidents of challenging behaviour. During the inspection, we observed occasions where people demonstrated inappropriate behaviour. Staff dealt with these situations well. They spoke in a calm, patient, kind and caring manner and we saw people responded well to this approach.

People's views about what was important to them were taken into account. Records showed people were involved in regular reviews of their care in partnership with their mental health care coordinators, family, relevant staff and the registered manager. These meetings reviewed what was working well and any changes in the persons care and support were agreed. Changes in people's needs were being identified and dealt with promptly. For example, where a person's mental health had deteriorated a psychiatric assessment had been requested. Staff told us there was a number of ways in which information was shared, so that they were kept up to date about changes in people's needs. For example, daily staff handover sessions ensured any relevant information was handed over to staff coming on to shift. These handovers were documented, including any health issues for staff to refer to.

The PIR stated that activities were organised and developed around the views and interests of the people using the service to motivate them to engage with other people. One person told us, "I taught myself sign language, which helps me to communicate with another person here." People confirmed there were activities they could participate in if they chose to do so. One person told us, "I can choose what I want to do, I smoke a lot. I do not do a lot, I can go out if I want to, staff do ask me, but sometimes I am afraid of going out."

We observed people spent their time in their rooms, watching television in different lounge areas, walking about the service or smoking. We saw that staff encouraged people to retain as much independence as possible. For example, people were encouraged to be responsible for tidying their own rooms, doing their own laundry and make their own snacks and drinks. However, staff told us whilst the intention was to get people involved in these activities, they were often reluctant to participate. The service had good links with

the community. For example, people had access to a day service where they took part in courses to improve skills in woodwork and learn how to use technology. Musicians, including a drummer and guitarist visited the service twice weekly holding music workshops for those who wish to attend. One person commented, "I don't really do much; but go out every now and again to places such as Attleborough or Norwich for shopping."

People using the service told us they were aware of the complaints procedure and would complain to the registered manager or staff if they had a complaint to make. Incident reports showed that people had raised complaints with the registered manager about the conduct of other people using the service. These had been investigated and action had been taken to prevent the same issues from happening again. This showed people's concerns were listened to, acted on and a responded to.

Staff confirmed they were aware of the organisations complaints policy and knew the process to respond to any complaints made. One member of staff gave an example, where a person they were key worker to had raised concerns with them. They arranged to go out in the community with the person where they had been able to spend time talking through the issues, which the person said made them feel better.

The registered manager told us any complaints and outcomes following investigation were discussed at staff supervision and shared at team meetings to learn from things that had not worked as well as expected. Records showed that several complaints had been raised by the local council about incidents that had occurred in the community involving people from the service. The registered manager had responded proactively to these issues running training sessions for counsellors and the cleaning team to better understand mental health issues. The registered manager confirmed this had improved the relationship with the councillors and the service and no further complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

Incidents, accidents and complaints were reviewed to identify trends, and action had been taken to investigate events and prevent reoccurrences. Records showed that the registered manager worked well with the police and local authority to ensure safeguarding concerns were effectively managed and that steps were taken to learn from such events. However, they had not always informed us, (CQC) of safeguarding issues in accordance with regulations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Systems were in place that assessed and monitored the quality of the service. The registered provider had employed a specialist consultant who provided on-going support with areas such as planning, development and best practice. We saw that regular audits were taking place, including but not limited to people's care records, medicines and health and safety requirements. These showed that any shortfalls had been identified and the action taken to address these. However, the weekly environmental cleanliness checks of the premises and equipment had failed to identify the issues with poor cleanliness, hygiene and maintenance that we identified during our inspection.

Following the inspection the registered provider completed a full audit of the environment with an action plan detailing all the issues identified by us and any others identified by themselves, with time scales for completion. They informed us they had also arranged for the consultant to visit High Oaks bi-monthly indefinitely to undertake environmental audits, and to check that work identified in the action plan had been completed.

The registered provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. One person told us, "I have been asked to fill in a questionnaire to provide feedback about what it is like living here. I am happy to do this." The registered manager told us informal feedback was also obtained via day to day conversations with people, their relatives and communication from the staff team.

The results of the questionnaires obtained from people using the service, families, staff and professionals had been reviewed and used to develop an improvement plan. As part of the surveys staff had been asked if High Oaks was a nice place to work and if they felt the company was well managed. All staff had responded, "Yes." Comments indicated that communication was generally good and that staff were able to approach the management team about issues and they were confident that these would be listened to and acted on.

Records showed that the registered provider, managers and the consultant held meetings on a regular basis to discuss how the service could be improved. Following these meetings action plans were developed to show how these improvements were to be made. Additionally, an annual staff training and improvement day was held to ensure staff were included in plans about the continuity of the business. These training days included discussions about the feedback from quality assurance surveys to agree what action staff needed to take to improve the service.

We spoke with the registered provider's representative, registered manager and the deputy manager. All had a good understanding of their responsibilities to deliver a quality service. They told us they attended various training courses, seminars and conferences to keep themselves up to date with current legislation and good practice guidelines. The PIR states that the registered provider had signed up the Social Care Certificate of Commitment initiative. This commitment is aimed at ensuring where people need care and support they should expect a high quality service. In signing up to this commitment, the registered provider had pledged that they would continuously strive to deliver high quality care so that the public could have confidence in the service provided at High Oaks. The registered provider's representative told us they were also on the management council for the Association Representing Mental Health Care and involved in other projects with Norfolk County Council and Social Care Institute for Excellence (SCIE) to promote best practice and consistency in care services.

The registered provider's representative told us they were in continual contact with the managers and administrator and therefore had a good understanding of day-to-day matters. This was confirmed in discussion with the registered manager who told us they had a good relationship with the registered provider's representative, and had daily telephone contact. They said they felt supported by the registered provider's representative and met with them at least once or twice a month to discuss and plan improvements needed for the service.

Staff told us they felt supported by the registered manager. They confirmed they received regular supervision where they were able to discuss any issues they may have and talk about additional training and development needs. Staff told us that staff meetings took place on a regular basis, at least three to four times a year. They told us they could openly discuss any concerns or raise suggestions they may have at these meetings. The registered manager confirmed these meetings were also used as a forum to ensure staff understood what was expected of them.

People and staff spoke of an open and fair culture in the service. Staff told us the registered provider's representative visited the service regularly and they had their contact details so could speak with them directly, if they needed to. Staff said the registered manager had an open door policy. They said they felt comfortable approaching them at any time.

The PIR stated that the ethos of the care provided at the service was empowerment, inclusion and person-centred care. This was underpinned by a set of values which included: honesty, involvement, compassion, dignity, independence, respect, equality and safety. These values were set out in the staff code of conduct and formed part of their induction to ensure that they were understood and consistently put into practice. The registered manager and staff confirmed the organisations core values had been discussed at the annual training day, and frequently discussed at staff meetings and supervisions. The registered manager told us they worked alongside staff on the floor where they were able to monitor the day to day culture and ensure the values were applied. Staff had a clear understanding of these values and we observed them treating people with respect and dignity throughout the inspection.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager as the 'registered person' had not always notified the Care Quality Commission of safeguarding incidents that had had occurred in the service, which they are required to send us by law Regulation 18 (1) (2) (e) (f)