

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

The Firs

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Tel: 01707662299

Date of Inspection: 16 April 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr Sean Michael McInerney
Overview of the service	The Firs provides accommodation, care and support for adults with learning disabilities, including autistic spectrum disorders.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 16 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who used the service. One person said to us, "I am very happy here, I have no complaints. Everyone is very kind." Another person said, "The staff are very friendly; and this is a beautiful place to live." We observed the care and attention people received from staff. All interactions we saw were appropriate, respectful and friendly and there was a relaxed atmosphere throughout the home.

If you want to see the evidence supporting our summary please read the full report. We considered our inspection findings to answer the five questions we always ask: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Is the service safe?

People were protected by effective staff recruitment systems. Records showed that staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. This meant that staff were provided with the information that they needed to ensure that people were safeguarded.

Is the service effective?

People we spoke with were satisfied with the care and support they received. No one raised any concerns with us. This was consistent with the positive feedback received from people as reported in the provider's own quality assurance survey. All of the staff we spoke with were knowledgeable about individual people's care needs, and this knowledge was consistent with the care plans in place.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People commented, "I never feel rushed by the staff that help me, they don't do everything for me and help me to do things for myself".

Is the service responsive?

We saw that care plans and risk assessments were informative, up to date and regularly reviewed. The registered manager responded in an open, thorough and timely manner to complaints. Therefore people could be assured that complaints were investigated and action was taken as necessary. Staff told us the manager was approachable and they would have no difficulty speaking to them if they had any concerns about the home.

Is the service well led?

Staff said that they felt well supported by the manager, there was a good team ethic and they were able to do their jobs safely. The provider had a range of quality monitoring systems in place to ensure that care was being delivered appropriately by staff.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The provider had introduced a 'Service User's Charter', which set out the minimum standards people could expect in terms of involvement in planning their care, decision making and the development of opportunities to encourage and promote independent living.

Care plans had been developed that covered important areas of care such as personal care, mobility, skin care, communication and night care. These care plans had been regularly reviewed. This meant staff were able to support people in line with the information contained within care plans that were up to date.

Records we saw showed that staff actively encouraged and helped people become involved in the planning and delivery of every aspect of their care. This included drawing up 'easy read' daily and weekly activity schedules, personal hygiene routines and records of achievement based on agreed goals and targets. A member of staff told us, "Key and link workers sit down and explain each aspect of the care plan. They encourage involvement in planning what to do and in setting actions and goals." We saw that signatures had also been obtained where appropriate to evidence in writing that people had provided their consent. This meant that effective systems had been put in place to obtain, and act in accordance with, the consent of people who used the service.

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

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we observed care being delivered, spoke with people who used the service and staff who supported them and checked people's care records. One person told us, "It's alright here. I like the staff. They help me do things myself." Another person we spoke with told us, "I like living here, I like painting and going out to the shops."

We saw that staff treated people with respect and were able to see that there was a good relationship between staff and people who used the service. We observed staff assessing people's needs and ensured that care was provided in line with individual care plans. We saw that people were comfortable and that adequate numbers of staff were available to provide the individualised support needed.

Care plans we looked at showed that people's needs and preferences were thoroughly assessed, documented and reviewed. The plans were personalised to each individual and gave staff good guidance on the care, treatment and support each person needed. 'Easy read' versions had been produced using appropriate pictures and symbols and each person had their own copy. This meant that people could easily access, understand and review their own care plans.

The care plans gave staff detailed information about the levels of care and support required for each person, together with clear guidance about dealing with autistic spectrum disorder. One member of staff we spoke with told us, "I love working here; I treat everybody as an individual and believe in activities that support independent living and learning".

We saw evidence that people were involved in deciding what they wanted to do by planning daily and weekly activities and events. One person told us, "I like going to the gateway club and meet my friends there and like staying in and cooking my meals". During our inspection we saw evidence that people had regular access to a wide range of services including relevant health and social care professionals, together with local community and leisure centres. People also had access to a 'sensory room' and an activities section which included books, puzzles and arts and crafts materials. This meant

that the care and support was delivered in a way that met people's individual welfare needs.

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

The provider had put suitable arrangements in place to safeguard people against the risk of abuse. This included policies and procedures giving staff clear guidance on how to deal with safeguarding issues if they arose. The information had been produced in a format appropriate to people who lived at the home and was also easily accessible to staff and visitors. Copies of the 'easy read' version were kept in each care plan, which people were allowed to keep in their own rooms for easy access. One person showed us their copy and demonstrated a good understanding of it with reference to the pictures and symbols used.

We looked at documentation to evidence staff had attended safeguarding training within the last six months and had been given essential information to support them to understand the different types of abuse and ways to support vulnerable adults. The staff we spoke with were able to clearly explain their understanding of the importance within their work of being observant, particularly with regards to caring for the most vulnerable people who use the service. In addition staff told us they had received training on The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We looked at the services training records which confirmed this.

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

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People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

During our visit we saw that the provider had an effective system in place for receiving, handling and responding appropriately to complaints and comments made by people who used, visited and worked at the service.

Information about the complaints process was prominently displayed throughout the home using 'easy read' guides. This included guidance about how to appeal if necessary and provided contact details for both local and national regulators in the event that a complaint could not be resolved internally. We saw that a copy of the guidance was kept in each individual care plan.

The policy documents we looked at noted that the provider wanted to operate a complaints system based on, 'a culture of openness, continuous improvement and willingness to learn from mistakes.' We spoke with one person who told us, "I know who I can speak to if I have any concerns but I have never had to complain."

The provider had placed a suggestion box in the main foyer of the home, together with forms inviting feedback. We also saw a file containing forms used to record complaints, any investigations undertaken and any outcomes achieved, together with a tracking and monitoring system. At the time of our inspection we noted there had been no complaints.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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