

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

## The Firs

77 The Causeway, Potters Bar, EN6 5HL

Tel: 01707662299

Date of Inspections: 12 April 2013  
11 April 2013

Date of Publication: May  
2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ 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

*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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Complaints	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 April 2013 and 12 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We visited The Firs on 11 April 2013 and spoke with family members the following day as part of our inspection. People told us they were involved in decisions made about their care. One person said, "It's very alright here. [Staff] help me do what I want, like going for walks and shopping."

Care plans we looked at showed that people's needs and preferences were thoroughly assessed, documented and reviewed. A relative told us, "They take really good care of [name], I couldn't ask for better."

The provider had put suitable arrangements in place to safeguard people against the risk of abuse. Information and guidance was displayed in key areas and had also been produced in an 'easy read' format using appropriate pictures and symbols. Staff we spoke with told us their main priority was to keep people safe.

People were cared for by staff who were supported to deliver appropriate standards of care and support. A relative we spoke with told us, "I have full confidence in the staff, they are very helpful, competent and well trained." A member of staff told us, "The recruitment process, training and induction are focused on our ability to deliver person centred care."

The provider had an effective system in place for recording and dealing with complaints. An 'easy read' guide using pictures had been produced to help people understand how to make a complaint and the methods used to resolve it.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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 and support.

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### Reasons for our judgement

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During our inspection we saw that people were given appropriate information and levels of support regarding their care and welfare. One person told us, "The staff help me. They help me do things myself. I make things and play games."

A relative told us, "They are really trying to help and encourage [name] to develop and take part in what they want to do. We have absolutely seen a very positive change in [name], they are very accommodating and help [name] do things when they want to do them and don't put barriers in the way."

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.

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. For example, one such record noted that someone had managed to do their laundry.

A relative we spoke with said, "I am really so very impressed. They are always very respectful of our wishes, ensuring that we are fully involved with what goes on every step of the way." 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 evidence that people were regularly involved in reviews of their care and support. Records we looked at showed that health and progress review meetings involved people who used the service and members of their family, together with relevant health and social care professionals where necessary.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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During our visit we observed care being delivered, spoke with relatives and staff and checked people's care records. One person told us, "It's alright here. I like the staff. They help me do things myself." A relative we spoke with said, "The care is really very good. Everyone goes out of their way to make sure [name] is well looked after."

We observed staff treating people with respect and kindness while delivering appropriate levels of care and support. For example, we saw staff use a range of effective methods to calm a person who had become anxious, these included various communication techniques and a soothing hand massage.

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, "They get 'one to one' care from dawn till dusk. Their welfare is paramount; we deliver excellent levels of care. We are here for them and their needs."

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, "The disco is alright. I like the cup of tea when I get there and the people, things to do and music. My favourite day is Thursday because it's washing day." A relative said, "They have even got [name] back into swimming again for the first time in years."

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 purpose built 'sensory room' and a well stocked activities section which included numerous 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.

A relative told us, "At a recent review meeting the doctor was amazed at the progress made since arriving at the home and described [name] as being like a different person. The social worker was also extremely impressed with progress."

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

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### **Our judgement**

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The provider was meeting this standard.

People who used 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.

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### **Reasons for our judgement**

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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 saw evidence that all staff had received appropriate levels of training before starting work. One member of staff we spoke with during our visit told us, "Ninety percent of my job is to make sure people are safe." A relative told us, "I am happy that [name] is secure and safe at the home."

Staff we spoke with were knowledgeable about the relevant policies and procedures and told us they were confident they knew what to do if a safeguarding issue arose.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We saw evidence that the provider had made suitable arrangements to ensure that care was delivered by staff who were properly trained and well supported. One person we spoke with said, "Its alright here, I like the staff." A relative told us, "I am really impressed with the manager who has a very good understanding of autism and has ensured that all the staff are trained properly."

Records we looked at showed that all staff underwent a comprehensive induction programme as part of their initial training and probationary period. A member of staff we spoke with said, "The staff here are all trained on delivering personalised care and are committed to doing an excellent job. We always put our residents first."

The provider had introduced a 'performance and capability' policy to ensure all staff achieved and maintained the minimum standards necessary for delivering adequate levels of care and support. In addition to completing extensive mandatory training, all staff were also encouraged to complete nationally recognised vocational training relevant to the role performed.

The provider also had a range of policies and procedures in place relating to the ongoing development of staff. These included annual appraisals and regular supervision sessions at which individual performance issues were reviewed and discussed. We also saw evidence that staff were given opportunities to complete training in work time as part of continual professional development.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system in place. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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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 using, visiting and working at the service.

Information about the complaints process was prominently displayed throughout 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 a willingness to learn from mistakes.' A relative we spoke with told us, "I can't think of anything wrong with the place. I have certainly never had occasion 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, details of the investigation undertaken and outcomes achieved, together with a tracking and audit system.

## 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 dentists 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 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. 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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