Mr Sean Michael McInerney

The Firs

Inspection report

77 The Causeway
Potters Bar
Hertfordshire
EN6 5HL

Tel: 01707662299
Website: www.desboroughcare.com

Date of inspection visit:
28 June 2016

Date of publication:
05 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 28 June 2016 and was unannounced. At the last inspection on 16 April 2014 the service was found to be meeting all the standards we inspected. At this inspection we found that they were still meeting the standards.

The Firs provides accommodation, care and support for adults with learning disabilities, including autistic spectrum disorders. At this inspection eight people were living at the service.

The provider was responsible for the day to day running of the service which meant they did not require a registered manager. 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 and associated Regulations about how the service is run.

People received care and support that met their needs while encouraging their independence. Support plans were clear and gave staff specific details on how to ensure people were safe. Risk assessments were in place for all aspects of people's lives and these helped to ensure that people's choices were not restricted. People felt safe living at the home and staff knew how to respond to any concerns. Medicines were managed safely.

People were supported by sufficient numbers of staff who had been recruited through a robust process. Staff received training to help ensure they had the appropriate skills for their role and further their development. An updated supervision schedule had just commenced and staff told us they felt supported.

People had a variety of foods available that they enjoyed and also participated in the cooking of their meals. People had access to health and social care professionals as needed.

People were given choice and this was respected. Staff asked for consent before supporting people and DoLS had been applied for appropriately and where people had been deprived of their liberty this was done so lawfully. Where needed, best interest meetings had been held. People were treated with dignity and their privacy was promoted. People had involvement in planning of their care and confidentiality was promoted.

There was a range of activities available to suit individual needs and preferences. People had their own activity plans for the week which included going to college, voluntary work, days out, shopping and household tasks such as laundry.

People knew how to make a complaint, their views were sought and responded to appropriately. There were regular meetings for people who lived at the service and quality assurance surveys sent to people's relatives.

People were positive about the management of the home. The providers were responsible for the day to day running of the home and were supported by a manager and a team leader.

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.

People felt safe and staff knew how to respond to concerns.

People had individual risks assessed and staff worked in accordance with these.

People were supported by sufficient numbers of staff who had been recruited robustly.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained appropriately.

People were asked for their consent to care and the principles of the Mental Capacity Act (2005) were adhered to.

People had a variety of foods available and enjoyed cooking their meals.

People were supported to access to health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in planning their care and support.

Confidentiality was promoted.

Advocacy was available if people required it.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs.

People had individual care plans that gave clear guidance to staff.

People had individual activity plans and told us they had plenty to do.

People knew who to speak to if they had a complaint.

Is the service well-led?

Good

The service was well led.

People, relatives and staff were positive about the management team.

The provider was responsible for the day to day running of the service.

There were systems in place to monitor the quality of the service and address any shortfalls identified.

The Firs

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, three staff members, received feedback from four relatives, the quality manager and the provider. We also received feedback from professionals involved in supporting people who used the service and reviewed the recent reports from service commissioners. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and that they would talk to staff if they were worried about anything. Staff were aware of how to report concerns about a person's safety and welfare, both internally and to external organisations, such as the local authority and CQC. Information was displayed about how concerns in relation to abuse should be reported. The provider had reported concerns in relating to incidents between people living at the home to the local authority and these had been addressed appropriately. For example, we found that where a clash of personalities had resulted in safeguarding incidents between people, a new layout had been developed at the home so that the people could live apart from each other.

People had their individual risks assessed and plans were in place to help staff mitigate these risks. For example, continuous supervision was observed in accordance with a person's assessment to support them with a health condition that put them at risk. There were assessments for all aspects of people's daily living. These included going out, relationships and using the kitchen. The actions that were put into place helped to ensure people's safety whilst encouraging their independence and not restricting lifestyle choices.

Accidents and incidents were recorded clearly. These records included all actions taken as a result of the event, triggers to the event and people informed of the event. A health care professional told us that they felt the staff had good understanding of behavioural principles, triggers to behaviour that challenged and implemented strategies to change this. They told us that they referred all incidents and concerns to the appropriate professionals to help ensure that people received support to reduce reoccurrences. This helped to ensure that people were protected against a reoccurrence where possible.

People told us that there were enough staff available to meet their needs. Relatives and professionals told us that there were enough staff to meet people's needs. On the day of the inspection the service was short staffed by one member of staff. However, we noted that the home was calm, people's needs were met in a prompt manner and people were still able to carry on with their planned daily activities, which included going out. We were told by the provider and staff that they did not use agency staff to ensure they provided consistency for the people they supported. The provider told us, "I did a night shift on Friday so that the shift was covered." A staff member told us, "If we are short [staffed] we all muck in, [providers] and [manager] come out onto the floor and support too."

There was a robust recruitment process to help ensure that staff employed were fit to work in a care environment. This included interview questions, written references, proof of identity and a criminal records check.

People's medicines were managed safely. We noted that each person had a support plan to enable staff to provide the appropriate assistance to people when taking their medicines. We reviewed medicine records and the quantity of medicines held in stock and found these to be accurate. In the event of a medicines incident or error occurring, an investigation was carried out. We also saw that an audit was carried out to help ensure safe practice was being used. This helped to ensure that people received their medicines in

accordance with the prescriber's instructions.

Good

Is the service effective?

Our findings

People were supported by staff who had been appropriately trained for their role. One relative told us, "The staff are well trained and attend outside training courses." We observed staff use effective techniques to communicate with people, support people with behaviours or anxiety and respond appropriately when a health emergency occurred. Staff told us that they received plenty of trained which meant they felt they had the correct skills. Staff also told us they had the opportunity for further development. One staff member told us, "I am doing my NVQ level 5." The provider told us that some of this training was individually led as staff were motivated to continuously learn. The provider told us they were happy to support this further development.

Staff supervision had not been so consistent over recent months due to a change in management structure. However, this had been identified and a new schedule had recently started to help ensure all staff received regular one to one supervision. However, staff told us that they felt well supported. One staff member said, "I have never known managers like it." The provider, manager and team leader worked alongside with staff so this gave regular opportunities for support and guidance.

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. 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 application 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 that service was working in accordance with the MCA and DoLS guidance. We found that the service was working in accordance with MCA and DoLS.

Three people had authorised DoLS in place and these were due for renewal which the provider was chasing up with the local authority. However, we found that the least restrictive options were practised. For example, where the DoLS was to prevent people from going out alone to promote their safety, people were given the opportunity to go out each day with a staff member. People confirmed this to be the case.

People were asked for their consent before support was offered and were encouraged to make their own day to day decisions. For example, in regards to what activity they wanted to do and meals they wanted. The team leader told us that they assumed everyone had capacity to make their own decisions. However, if an important decision was to be made, and the person did not understand the need for a type of support, then a best interest meeting was held and a decision was made on the person's behalf. We discussed with the providers the needs for having a record that they had considered people's capacity and ability to make decisions. They told us they would add this to people's care plans.

People were supported to enjoy a varied and balanced diet. They told us that they had plenty to eat and

drink, enjoyed cooking and the food that was provided. One person said they were a, "Good cook." There were weekly meetings where people sat with staff and planned the upcoming weeks menu. We saw that meals were planned and prepared using these suggestions. People were supported to be independent as much as possible with the preparation and cooking of meals. The kitchen was set out with pictures so people could easily find what they wanted. There was a designated cupboard for people with specific dietary needs. People had their weight monitored and any concerns relating to a person's diet or weight was referred to the appropriate health care professional and care plans were in place to ensure they received the support they needed.

There was access to health and social care professionals as needed. The provider regularly involved people's social workers and other services to ensure they received all the support they needed. We saw that when a person's health deteriorated during the inspection, the appropriate medical support was requested. Health and social care professionals were positive about how the service met people's needs to promote their well-being.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One relative said, "They are easy to talk to." Another relative told us, "I know [person]gets on very well with the staff." Health care professionals told us that they noted staff interacting with people in a warm and caring manner which demonstrated that they knew people well. We saw that people had good relationships with staff. For example, they were confident in approaching them. Staff made themselves available to people throughout the inspection and frequently asked people if they needed anything and chatted about things important to them. For example, certain activities, family members and pets.

We noted that all staff knew people well. When we asked about people, staff did not immediately talk about their needs or health but instead talked fondly about the person, what they liked and things important to them. This demonstrated that staff saw each person as an individual and was therefore able to support them in a person centred way.

People were involved in planning and reviewing their care. Information was recorded in a way that was easy to understand for each person and a way that identified them as a person. For example, each person had a section in their plan that was full of information to help others understand them better and this was produced in a theme that the person was fond of. We saw that people had signed to indicate their involvement in care.

People's privacy was promoted and they were treated with respect. For example, staff asked them if it was ok that we went into their bedroom to review their medicines. We also found that staff spoke with people in a way that was on the same level and not patronising. We observed people and staff chatting comfortably throughout the inspection. There was information in people's plans on how they liked to be communicated with and we saw all staff respect this. We also found that confidentiality was promoted and information about people was stored securely.

There was information about advocacy available should this be needed. However, at the time of our inspection people did not need support from an advocate.

Good

Is the service responsive?

Our findings

People's needs were met. They told us that they were happy with the care and support they received. Relatives also told us that they were happy with the support provided. We noted that staff provided support at the request of people and it was person led. For example, although drinks and activities were offered, when a request came in addition to this, staff provided this straight away.

People had support plans to provide staff with the information they needed to enable them to support people appropriately. The plans were clear and person centred. For example, in addition to all the detailed information about each specific need, there was a section labelled 'Always, Do Not and Never' which identified things that were very important for staff to be aware of. This helped to ensure that support was given safely and in accordance with people's needs and wishes.

People told us that they had enough to do every day. One person told us they went to, "The Gym." This had been requested through resident meetings and had been arranged for the person who told us they enjoyed it. Another person wanted to learn how to cook and was attending a cookery class at college. Other one to one activities were also going on throughout the day. These included nail painting, games, walks and watching DVDs that people were supported to choose. We heard staff speaking with people about going to the shops in the morning to buy the food that they fancied and they discussed that they would go after the house meeting.
Each person had their own activity schedule for the week which was tailored to their preferences and needs. Some people attended college and others had been supported to volunteer in a charity shop. We also found that people attended an outdoors club which incorporated grounds work and farming. They told us they enjoyed going to that club. Most relatives told us that they felt people had enough to do to fill their time. One relative said, "It is very difficult sometimes to get [person] interested in doing things, but we do feel that they try hard to encourage [them] into various activities." One relative told us that they felt they had to prompt and suggest activities for the service to arrange and this sometimes took a long time to commence. Another relative said, "[Name] is always out and about attending college three times a week, horse riding, shopping and going out for coffee or lunch. [Person] is always accompanied by a member of staff."

People told us that they would talk to the provider or a member of staff if they had a complaint. We saw that people were asked if they were happy or sad using a picture format to help people communicate their views. Relatives told us that they would speak to the staff or management team if they had any complaints. One relative said, "All the staff are very approachable." However, one relative contacted us before our inspection to share that they felt the management team had been less responsive to issues they had raised in recent months. We found that this had tied in with some changes to the management structure and this was being addressed by developing better communication processes.

People and their relatives were asked for their views through meetings and surveys. We saw that the surveys given to people who lived at the home were in an easy read format to help people share their views. Where questions had been answered with 'Don't know' or 'No' this had been followed up with meetings with people and actions taken to address their issues had been recorded. Relatives had responded with mostly

positive comments but some feedback was around the breakdown in communication in the service. An action plan had been developed and all issues addressed in response to the feedback. We saw that a 'What's happening' board was introduced in the reception areas, formal feedback between staff and relatives had commenced and a staff photo board was now displayed to help relatives identify key staff members. The team leader told us, "I think it has been really positive and relatives are happy with it."

Good

Is the service well-led?

Our findings

People told us that they knew the provider and the manager and were comfortable going to them if they needed to. Relatives told us that the provider was approachable. One relative said, "The management keep us informed of any major problems." They went on to say an area that an area they would like to see developed was, "When new staff are employed I am not informed of the details so I often do not know who the staff are."

Staff were also positive about the management of the home. One staff member said, "I've worked in care services for [number] of years, the management are lovely. They are so supportive and really do care about the people living here." They went on to say, "Whatever we need, it's sorted." Another staff member said that the management team worked as part of the team meaning they knew people well and cared about their welfare. Another staff member said, "The management are good, I like working here." We noted that the manager had accompanied a person to the hospital as they had a good relationship with them and it would help reduce the person's anxiety and ensure they received the medical assistance they needed.

The providers were responsible for the day to day running of the home and the quality assurance. They took an active role in all aspects of the service and therefore did not require a registered manager. However, they had recently appointed a manager to help support them with running the home due to other commitments. A relative told us that they felt things had deteriorated during this time and were not confident with the new arrangements. However, people, other relatives and professionals were positive and knew the management team well. We also saw that many of the issues that relatives had raised had been addressed. For example, better communication in the home. To support the manager in their new role, a team leader had been appointed who was well versed in the running of the service and enthusiastic to learn to ensure a high standard of care was provided. The provider acknowledged that the newly appointed management team needed time to develop their skills and they were supporting them with this.

The quality manager carried out an internal audit from 7th to 9th June 2016 and this reviewed all areas of the service. Following the audit, an action plan was developed to address any shortfalls. We found that many of these issues had already been addressed. For example, a missing photo on a staff personnel file and care plan reviews that were due.

The provider shared lessons learned in response to events or quality assurance with staff. This was done at meetings, one to one supervisions or during the course of the day as needed. A staff member told us, "Sometimes we go round with [provider] when they do their checks and that's good because we see what needs doing straight away."

Staff shared the providers view in relation to their 'People first' approach. Staff knew what was expected of them and the provider ran the service in a way that ensured people's needs were met and their safety and welfare was promoted. For example, the structure of the service was altered to ensure that people could live with people who they got along with. This had meant that staffing had to be adjusted and refurbishment of the building had been required. The provider told us that there were further plans to create a self-contained

flat within the home to ensure that a person could live as independently as they wanted but remain safe with staff support. This also ensured that other people living in the home were not at risk from behaviour of others.