

Mr Sean Michael McInerney

# The Firs

## Inspection report

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### 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

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

The Firs has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People were supported by staff who had a good understanding of how to recognise and report potential harm or abuse and were confident in local safeguarding procedures.
- People received their medication as prescribed and there were sufficient staff on duty to keep people safe and ensure their needs were met.
- People were supported by staff who were well trained and skilled.
- Staff worked with people to overcome challenges and promote their independence.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff worked well with external health care professionals and people were supported to access health services when required.
- Quality and safety checks by the providers helped ensure people were safe and protected from harm.
- Audits helped identify areas for improvement with learning from these shared with staff.

Rating at last inspection: The service was rated 'Good' at our last inspection on 28 June 2016. The report following that inspection was published on 5 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Firs

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** The Firs is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was also one of the two directors of the provider company. Another of the directors of the provider company worked as a manager at the service. We met with this person during our inspection visit and have referred to them as one of the providers during this report.

**Notice of inspection:** This inspection was unannounced.

**What we did:** Before the inspection we reviewed the information we held about the service and the service

provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we met six of the people who lived at the service, however due to some people having complex communication styles we were unable to obtain verbal feedback from everybody. We observed how people were being cared for and supported. We also met and spoke with two support staff. We spent time with one of the providers and the referrals co-ordinator during our visit. We also spoke to five of the relatives of people who lived at the service.

We looked at records used by the provider for managing the service. These included support plans and records for people, staff training and support records, records of quality monitoring and audits, information about medicines and we inspected the environment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's relatives that we spoke with told us they felt their family member was very safe living at The Firs. One relative commented, "Everything that we ever wanted for [family member] is here. [Family member] is safe and well looked after." Another person's relative said, "I know my [family member] is safe at The Firs. The doors are locked and no stranger can come in without being checked."
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured in appropriate guidance in place in the event of a fire.

Staffing and recruitment

- There was enough staff to keep people safe and to meet their care needs. The service had been through a challenging time with the recruitment and retention of care staff however improvements had been noted more recently. The provider told us there were never occasions when agency staff were needed to cover gaps and that one of the providers would work before this was needed. They told us how this ensured continuity of care for people.
- The service had a robust staff recruitment system. This process assured the providers that employees were of good character and had the skills and experience to support people living at the service. One of the providers told us, "We implemented a robust and in depth assessment centres for recruiting new staff in January 2019 which involves staff preparing and presenting a presentation on autism, completing written scenarios followed by traditional questions and answer sessions."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. Staff received training and an observation of their competency to support people with their medicines.
- Medicines were stored and disposed of safely. People had their own secure medicine cabinets in their bedrooms and staff supported them with taking any medicines prescribed.
- Each person had a medicine administration record (MAR) chart. We found these were completed in full and showed people received their medicines as the prescriber intended.

### Preventing and controlling infection

- The service was clean. People regularly took part in cleaning their own home.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

### Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the registered manager ensured lessons were learned where needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed and people's goals or expected outcomes were identified.
- The needs of one person, who had very recently moved into the service, had been assessed and a support plan was being developed. The provider's and staff were taking time to get to know the person and fully develop their support plan with them based on their needs and choices.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively. People's relatives told us staff had the skills to meet their family's needs effectively. One relative said, "I think that the staff are well trained, they quickly recognised that my [family member] likes their personal space and that they have to give them a lot of space."
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.
- One of the providers told us they had supported staff to become 'champions' in the areas of communication and supporting people living with autism, the aim of which was to share their knowledge and best practice with other staff for the benefit of people being supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and were encouraged to take part in cooking their meals. One relative told us, "The food is excellent, there are plenty of healthy options."

Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to share information between services as appropriate and for the benefit of people.

Adapting service, design, decoration to meet people's needs

- People could move freely around the service and without restriction. There was a large and spacious garden at the back of the service which was accessed through a conservatory adjoining the lounge. A sensory room had been created inside a large shed in the garden. This gave people another space to use, away from the main house if they wished.
- People's bedrooms were personalised. They had belongings that reflected their interests and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other



agencies to provide consistent, effective, timely care

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans we sampled.
- Arrangements were in place to share information between services as appropriate and for the benefit of people. For example, people had a 'hospital passport' in place whereby relevant information about them was always available should they be taken to hospital in an emergency.

Ensuring consent to care and treatment in line with law 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff we spoke with understood the MCA and we observed people continually offered choice throughout our visit. Staff understood the importance of supporting people in making their own decisions as much as possible and gained people's consent wherever possible before carrying out a task
- Staff knew people well and where necessary, could recognise facial expressions and body language to determine whether people were happy to consent or not.
- Where people were unable to make a decision for themselves, the provider had completed a mental capacity assessment and/or best interests' decision and had involved the person as much as possible in making their own decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Not all of the people who lived at the service were able to tell us about their experiences and views of the service. We observed how people were being supported to see if staff were caring towards them. It was apparent that staff and the provider knew people's needs and preferences well.
- People's relatives were complimentary about the care their family member received. One relative told us, "Staff are lovely, there is nothing that is a problem for them, they put [people's] needs first."
- We observed staff chatting with people about their families and interests. They also checked people were alright and had everything they needed.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in care planning and their views and wishes respected. Some people's care plans had documents in easy read or symbol format or to help people express their views.
- Staff used alternative methods of communication to ensure people were involved in making decisions about their support. Several people had specific short descriptions stories created with them to help them plan for changes in their routines or new experiences and why they might be occurring.
- We observed staff asking people questions about what they wanted to do. For example, what they wanted to do, where they wanted to go and what music they wanted to listen to. People were given time to answer and make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent. People went to the kitchen, with staff support, to prepare their meals. We saw a person being helped to cook the evening meal, washing and chopping the vegetables.
- People were treated with dignity and respect and their independence was promoted. We observed staff involving people with everyday tasks, such as cleaning of the service.
- People had the opportunity to develop and maintain their independence. They were involved in deciding what activities they wanted to do such as shopping and or going out for a coffee.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised and contained their preferences. They provided information to guide staff on people's care and support needs
- Care plans contained communication passports on how to support people with their communication needs. We saw examples of easy read documentation to help people make choices and express their preferences.
- Support plans were reviewed and evaluated frequently which showed staff had a good understanding of people's needs and would highlight any changes in people's care or mental/physical needs. Comprehensive annual keyworker reviews were written exploring the person's view of their support as well as an evaluation of self-care and independence skills.
- People were supported, where required, to access the community to participate in activities such as local groups, going shopping, social trips out for drinks and meals all according to their choices.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible to people using and visiting the service. There was a pictorial version of the complaints procedure available which helped to make it more accessible to people who were unable to read it in written text alone.
- We saw from records that any concerns received had been investigated and responded to in line with the provider's policy.
- A relative told us they would feel comfortable raising concerns if they needed to.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- The providers were looking at ways of supporting people with end of life planning and had been exploring this with a healthcare professional from the local authority.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The providers had good oversight of the service and had systems in place to identify and manage risks to the quality of the service.
- People's relatives told us they thought the service was well-led and the providers approachable. One relative said, "[Both providers] are very hard working people and they genuinely have the best interests of [people] at heart. They both complement each other's work and one of them is always there. If I need to ask something, I know I will get an answer."
- Another person's relative commented, "I would describe this place as a happy home... I cannot imagine my [family member] staying anywhere else than there. [Provider] is very approachable, easy to talk and open. She knows all our family members and it actually feels like she is a member of our family! I would gladly recommend this place, it's well managed and it shows as my [family member] is very happy there."
- The providers promoted a positive person-centred culture. Staff were positive about the management and leadership of the service and told us they were well supported. One staff said, "I love working here and the providers. It's their ethics. It's someone's home. We treat it as a home and we promote independence."

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

- We found a friendly, welcoming and calm atmosphere at the service. We observed friendly interactions and staff promoting independence throughout our inspection visit.
- Staff received supervision and support to develop their practice. Staff told us they felt valued and listened to by their managers.
- Staff were well trained and were aware of their roles and responsibilities. Staff told us the providers were always available to provide hands on support if it was needed.
- The provider had submitted their 'Provider Information Return' (PIR) as is required. The information provided in the PIR was detailed and reflected our observations from the inspection.

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

- The providers had an open door policy, we observed staff engaging with the management team at frequent intervals throughout our inspection visit. Relatives told us they were able to speak with the management team at any time and were encouraged to give feedback.
- One relative told us, "The [providers] are a very strong point of this home. The [one of the providers] is well organised and capable of running it and we are happy that she is always there. If we ask her something she

will set it in stone to be done. She brings additional energy and boosts others."

- Quality assurance systems were in place and used effectively to monitor key aspects of the service.
- Audits and checks were completed on a regular basis by the management team. The providers had engaged a business consultant to be part of the team and complete audits and reviews. This piece of work had picked up improvements needed to the care plans and this had already been completed.
- Regular staff meetings took place providing an opportunity for the discussion of various topics such as any changes in people's needs or care, best practice and other important information related to the running of the service.

#### Working in partnership with others

- The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.
- A healthcare professional told us, "I really like working with the staff at The Firs, they have always been helpful and engaging with me and always provide the best support to the people that live there."