

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

## The Drive

17 The Drive, Sidcup, DA14 4ER

Tel: 02083090440

Date of Inspection: 27 June 2014

Date of Publication: July 2014

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>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Drive Care Homes Limited
Registered Manager	Mr Ahmed Barry
Overview of the service	The Drive is a care home which provides accommodation and support for up to twelve people with learning and physical disabilities. It is situated within the London borough of Bexley.
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	6
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## 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 27 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

---

### What people told us and what we found

---

This inspection team was made up of an inspector. We considered our inspection findings to answer questions we always ask; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Staff were aware of the importance of consent and people were asked for their consent before care was provided. People's needs were assessed and risk assessments were carried out before care was provided. These were regularly reviewed so that staff were aware of the best way to provide support.

The manager and deputy manager were available on a daily basis to oversee the staff, and monitor that people were being safely supported, for example with personal care and when travelling out in the community. Health care professionals and social services were involved in people's care planning and in responding to people's concerns when needed. There were always a minimum of five staff available to support people throughout the day and two staff at night to respond to night support needs.

There were arrangements in place to deal with emergencies and to make sure people were safe. People's health needs were included in their care planning to ensure they were healthy. Fire safety equipment and procedures were in place to ensure people would be

kept safe in the event of a fire. The staff and manager were trained in protecting people from neglect or abuse and people told us they felt safe in their home.

Is the service caring?

We spoke with three people who used the service and observed staff working with people. People told us that the staff and manager were very caring and supportive. We saw that staff always took the time to stop and speak with people and spoke with them in a manner they best understood, speaking slowly and using pictures to help people to understand. One person said, "the staff are always helpful and respectful" and a relative said "they are brilliant and are very welcoming and friendly always."

Is the service effective?

We saw from four people's records we looked at that people's needs were assessed and a care plan was drawn up to meet those needs. A relative and one person we spoke with told us they were happy with the plan provided. Others we spoke with were unable to comment. Regular reviews were made of the plan and people were involved in the reviews. There were suitable policies in place for consent to care, for example in relation to the management of medication, the provider had fully considered the needs of people who may not be able to consent and had referred them to the local authority for assessment. We observed that staff were able to effectively communicate with people and that care plans addressed people's individual care needs.

People who used the service were consulted for their views on a regular basis, which involved the person, their family or advocate and social services. Any changes they requested were included in a revised care plan.

Staff were provided with adequate support, guidance and training to do their job. They were experienced in supporting people with learning disabilities and used effective systems to communicate with people, such as including pictures in choices of food and activities and to ensure people knew familiar staff were scheduled to support them.

Is the service responsive?

People who used the service told us that the staff and manager always listened to their concerns and do something to help sort out any problems they were experiencing. People were provided with a range of enjoyable activities and changes were made when necessary to try out new activities. People's support plans were reviewed and changed when necessary in response to changing needs, for example in helping people with specialist eating support needs. People told us they had lots of interesting activities and that the staff listened when they wanted to do something different.

Is the service well led?

The registered manager was involved in direct care and worked with all the staff almost every day. They felt this meant they could identify any issues quickly and address them if they arose. Staff we spoke with told us that they felt the home was very well managed and that they received direction and training to allow them to support people at the home. Regular staff meetings and supervision sessions were held and staff said they felt able to raise any issues with the management openly and honestly.

People who used the service told us that they felt the manager was very good at managing the home and was always present to speak with them about any concerns.

There were a range of systems in place to monitor the quality of people's care, and to

make sure any concerns about staff, management or the way in which care was delivered were addressed.

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](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

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

---

### Reasons for our judgement

---

People's diversity, values and human rights were respected. The home had provided staff with information about how to support people respectfully and about how to listen to them. For example, the home's policies included a code of conduct and diversity policy, which outlined staff responsibilities including the need to be respectful of people's religious and cultural differences. Care plans we saw included information about people's food preferences and religious and cultural needs. At least five people were supported to attend a church of their choice regularly and had developed good connections with people at their church and sometimes were visited by people from the church. Two of the four people we spoke with confirmed this.

People expressed their views and were involved in making decisions about their care and treatment. The four care plan reviews we looked at all included information about the care and support people needed which emphasised the need to help them to be independent. People's care plans and person centred plans were written in a way that enabled the individual to understand them. This was achieved by the use of pictures and special symbols in the plan and on consent forms, which were signed by the individual or by a family member or an advocate on their behalf. For example, people were asked for their consent for the home to manage their medication and to take photographs and this had been formally recorded and was signed by the person or by a family member. We saw that care planning included explaining to people in writing about the need to share information with other third parties such as GPs, day centres and social services. The manager told us that they were aware of recent legislation regarding Deprivation of Liberty Safeguards (DoLS), and we saw that they had already considered people's needs in regard to this legislation, and were liaising with the local authority.

Four people and one person's relative we spoke with who used the service told us they were very happy living at the home and said that the staff were very helpful, respectful and friendly. One person said, "the staff are always nice and welcoming here, and explain any changes such as health so we understand what's going on." Another person told us, "I am very happy living here and the staff help me to understand things and to do things for myself."

We observed that the staff took their time to listen to people and respond immediately to requests for help, or when they observed people were having problems. For example one person was becoming a bit agitated when we left items such as a cup of tea in a place they weren't used to seeing it. The staff immediately responded explaining what was happening and redirected the person verbally to another activity to help them to relax.



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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care assessments included a discussion with the individual who used the service, with their relatives and healthcare professionals, for example speech and language therapists. Each person had a care plan based on their assessment of their health and social care needs, which described how their care and support was to be provided. Care plans included the use of pictures where people found reading difficult, and were reviewed annually or as and when necessary. Care plans contained information about how and when the care was to be provided to suit people's individual needs.

People received varying levels of support with personal care and individual support needs were reflected in people's personal care support plans. Care plans showed that people were supported to become independent in their personal care, and to do this and other activities with minimal or no support. These plans included staff being aware in advance of people's known support needs, such as the need to check a person's room during the night and providing the support needed before any problems arose. People's plans generally showed they had a full week of activities such as arts and crafts, gardening, meeting family and friends, social and learning activities at day centres and attending adult education. There was a sensory room which was used by many of the people who lived in the home. Where they wished to people were supported to attend church services. People took part in the household shopping and cooking and people we spoke with told us that they enjoyed being part of these activities and were supported by staff that knew them well. Community activities for all of the people whose support plans we looked at were happening consistently, and were being recorded to ensure people were offered ample opportunities to do activities of their choice.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found people were protected against the risk of receiving inappropriate care by the use of risk assessments, which described how to minimise risks to people. Care plans included a range of risk assessments and guidance for staff to follow to protect people from identified risk. For example risk assessments included; management of epilepsy, specialist dietary needs, preparing and cooking meals, and being safe while in the community. Risk assessments were up to date and were continuously reviewed to

ensure people were safely supported. There was information about responsive strategies easily available for staff to remind them of how to manage difficult situations such as responding to challenging behaviour, or how to support people in the event of an epileptic seizure.

There were arrangements in place to deal with foreseeable emergencies. Everyone receiving a service had a health plan, which took into account their healthcare support needs. Fire risk assessments identified support needed by individuals in the event of a fire and regular fire drills were carried out to ensure the information was up to date.

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

---

### **Our judgement**

---

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.

---

### **Reasons for our judgement**

---

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. The provider had safeguarding policies and procedures in place, including vulnerable adults' policy and whistle blowing policy, which were up to date and had been reviewed regularly. We found that the manager and two staff we spoke with were aware of the local authority safeguarding procedures regarding the reporting and investigation of safeguarding matters. There had been no safeguarding incidents on record since our last inspection.

All staff had attended safeguarding training, which included Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) two staff we spoke with understood their responsibilities in safeguarding vulnerable people and whistle-blowing procedures. Staff we spoke with demonstrated they understood safeguarding issues related to people who used the service, such as risk when travelling alone in the community and in ensuring people's money was accounted for and protected.

**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**

---

We found that staff received appropriate support at the beginning of their employment to develop their skills and training. A staff induction process was used to introduce staff to policies and procedures and to ensure staff had their basic training needs met before starting work. Two staff we spoke with told us they had received an induction and four staff files we looked at, which included these two staff, confirmed that each member of staff had an induction before commencing work. The induction included practical induction in a training environment and working alongside experienced staff. Topics covered in the induction programme included policies and procedures, hygiene and food hygiene, manual handling, responding to abuse, health and safety, fire safety, confidentiality and learning disability support including autism.

Staff received appropriate professional development. The manager confirmed that all of the care staff, the deputy manager and the registered manager had completed a National Vocational Qualification (NVQ) or equivalent. Two staff told us they had received training in relevant key areas such as epilepsy, safeguarding vulnerable adults, manual handling, infection control and medication administration. Four staff records we saw showed that mandatory training had been completed, and refresher courses were to be scheduled on an on-going basis. We saw a training plan was in place for each member of staff addressing refresher training and further training needs. The provider may wish to note that the staff training plans did not include training in the management of bi-polar disorder, though this support is relevant to assessed care needs. The manager told us that consideration would be given for this training to be scheduled, and confirmed in writing that training was requested pending confirmation of dates. However, at the time of this inspection we were not able to assess the impact of this on the care provided.

All care staff we spoke with said that they felt supported by the manager who regularly observed them when providing care to ensure good practice was maintained. Staff said they felt able to raise issues of concern with the management, and also said they felt that communications related to care issues was excellent. For example, they said that action had been taken quickly in getting written guidance in place for supporting a person's mental health care needs.

Staff supervision included formal team meetings between care staff and the manager and

deputy manager, and we saw records that showed these were happening every month in line with the provider's policy. The manager told us that care staff were also expected to have one to one supervision with their supervisor every month and we saw records for four staff that demonstrated this was happening consistently.

Staff appraisals were being scheduled in accordance with the provider's policy.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The quality assurance policy had been reviewed and included processes for asking people who lived at the home and their representatives, staff and health and social care professionals for their views about how the service was managed. The complaints policy was on display in a number of areas in the home and was in a picture format to help people to understand their rights to complain. The guidance also included the process for people to make complaints externally, such as to social services or to the Ombudsman. There had been no formal complaints received and people we spoke with told us they had no reason to make a complaint.

There were quality assurance processes in place. These included conducting monthly surveys regarding the experiences of people who used the service and their relatives about their views on the service provided. We saw comments received were complementary about how the home was managed and about the supportive attitude of care staff and there were no serious concerns raised. There were monthly meetings with people who lived at the home to discuss practical issues such as how people were getting on with each other and people's views on the food, shopping and activities. Minutes were kept of these meetings and we saw that minor concerns such as the need to change the menu or move unwanted furniture had been noted and action had been taken.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. Various quality checks were in place to ensure that people were safe and appropriate care was being provided. These included assessments of the environment in people's rooms including equipment used, and a range of risks associated with each individual person receiving a service. There were six-monthly quality assurance audits conducted by an external manager which covered a range of areas such as; the home environment, health and safety, care planning, activities planning, risk assessments, fire checks and staff training and supervision. We saw that the last audit had been done in September 2013 and the current one was overdue. Some issues from the last audit included: residents review notes needed to be more detailed and outcomes of GP visits should always be recorded. An action plan had been produced and we saw that these issues had been addressed.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---