

The Drive Care Homes Limited

The Drive

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on the 09 October 2015 and was unannounced. At the last inspection on 27 June 2014 the provider met all the requirements for the regulations we inspected.

The Drive is a care home which provides accommodation and support for up to twelve people with learning and physical disabilities. There were ten people using the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. 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.

At this inspection we found a breach in regulations because risks to people's health and safety were not always safely monitored or reviewed in a timely manner when incidents had occurred. You can see the action we have asked the provider to take in respect of this breach at the back of the full version of the report.

Medicines were stored securely and were safely administered but some improvements were required in the way they were recorded.

Summary of findings

The registered manager undertook a range of audits to monitor the quality of the service and took action to address any issues found as a result. However, we found that audits of people's support plans had not been conducted, and this had led to inconsistencies in some areas where support was required.

People, relatives and staff we spoke with told us that they felt the service was well led and that the registered manager would listen to any concerns they had and take appropriate action to address them. The provider had processes in place to enable people to give feedback about the service and the feedback received was positive. The registered manager had a good understanding of the requirements of their post and had submitted most notifications relating to areas of the service as required. However they were not aware of the requirement to notify CQC of any DoLS applications that had been authorised, and had not done so, although this issue was addressed following our inspection.

Appropriate recruitment checks were conducted before staff started work and people and relatives we spoke with told us there were enough staff on duty during each shift to safely meet people's needs. We observed staff available to support people promptly when required. Staff were supported in their roles through regular supervision and training.

The provider had an appropriate policy and procedure in place to protect people from the risk of abuse and staff

were aware of the potential signs of abuse. They also knew what action to take if they suspected abuse had occurred and how to escalate their concerns if needed. Staff were also aware of the action they should take in the event of an emergency.

People told us they received support in a caring and dignified manner and we observed staff working in a way that respected people's privacy. People were supported to maintain relationships with their family and friends and were able to attend a range of social engagements and activities which promoted their independence.

Staff were aware of the need to gain consent from people when offering them support and people's capacity to make decisions was assessed in line with guidance and the law. Staff had received training on the Deprivation of Liberty Safeguards (DoLS) and the registered manager was aware of the procedures for requesting DoLS authorisations where required.

People had been involved in menu planning were supported to maintain a healthy diet. They were involved in their care planning and received care that was personalised to meet their individual needs. They were also supported to access a range of healthcare professionals when needed and were aware of who they would talk to if they had any concerns. Relatives confirmed they were aware of the provider's complaints procedure but told us they did not have any concerns about the service.

Summary of findings

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 not always safe.

Risks to people had been assessed but were not always promptly reviewed in response to incidents and we found concerns in the way some risks were monitored. Medicines were safely stored and administered but there was some improvement required in the way they were recorded.

Staff were aware of the potential signs of abuse and the action they would take if they suspected abuse had occurred.

There were enough staff available to support people safely and the provider had undertaken appropriate recruitment checks on staff before they started work.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training to meet their needs. Staff received an induction when starting work for the service and were supported in their roles through regular supervision and appraisal.

People told us they enjoyed the food on offer and that they had enough to eat and drink. They were involved in planning the menu and staff supported people to maintain a healthy diet.

Staff had received training relating to the requirements of the Mental Capacity Act 2005, and were aware of how the legislation applied to their roles. Staff also knew the importance of seeking consent from the people when offering support.

People had access to a GP and other health care professionals when they needed it.

Good



Is the service caring?

The service was caring.

People told us that staff treated them with kindness and compassion, and that they were happy living in the home.

Staff supported people in a way which promoted their privacy and dignity and we observed people being treated with respect.

People were regularly consulted about their care needs and were involved in any decisions made about the care they received.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's support plans were person centred and contain information about their choices and preferences as well as details of their life histories.

The provider had a complaints policy and procedure in place which provided clear guidance on the process for raising concerns and people we spoke with told us they were aware of how to complain if they needed to.

People were supported to engage in a range of activities that met their needs and reflected their interests, and to maintain relationships with their friends and relatives.

Is the service well-led?

The service was not always well-led.

The provider had not made notifications to the Commission where applications to deprive people of their liberty under the Deprivation of Liberty Safeguards had been authorised.

The registered manager undertook a range of audits in order to monitor and assess the quality of the service provider and took action to address any issues found. However, an audit of people's care plans had not been conducted which led to some inconsistencies.

People, relatives and staff told us they felt that the service was well led and that the registered manager was available to them when needed.

The provider sought feedback from people about the quality of the service in order to help drive improvements although the feedback received indicated that people were happy with the support they received.

Requires improvement



The Drive

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 09 October 2015 and was unannounced. The inspection team consisted of a single inspector.

Prior to the inspection we reviewed the information we held about the service and the provider. This included

notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service for feedback and used this information to help inform our inspection planning.

We spent time observing the care and support being delivered, spoke with four people using the service, three relatives, three members of staff and the registered manager. We looked at records, including the care records of four people using the service, four staff members' recruitment files, staff training records and other records relating to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe living at the home and that staff treated them well. One person told us “I feel quite safe here.” Another person said, “I think it’s important for people to know that it’s good living here.” One relative we spoke with told us, “I have no concerns about safety; the care is good.”

People’s support plans included risk assessments which covered areas including medication administration, falls, aggression and incontinence. Assessments included guidance for staff on how best to mitigate the level of risk and staff we spoke with were aware of these control measures. However, whilst most assessments had been reviewed regularly, in line with the provider’s requirements, we found that assessments had not always been reviewed following incidents to ensure the control measures in place remained effective. For example, records showed that one person had suffered two falls in July 2015 but their falls risk assessment had not been reviewed until the end of September.

Risks were not always monitored safely. One person’s care file contained information from a healthcare professional relating to the management of the risk of their declining to eat or drink. This information had not been incorporated into the person’s support plans or risk assessments so had not been reviewed at the frequency required by the provider to ensure the guidance remained the most effective way of managing the risk. The guidance included a recommendation that the person’s food and fluid intake be monitored, but we found that the food and fluid chart for the day of our inspection had not been started when we requested it at 17:00. Staff we spoke with told us they were aware of the person’s intake for the day, and we had observed staff supporting them to eat and drink during our inspection. However there was a risk that the person’s intake could be inaccurately calculated because the chart had not been updated at the time they were being supported.

We also found that one person’s support plan did not include any planning around money management, although staff we spoke with confirmed that the service did hold money for the person. We spoke to the registered

manager about this and they confirmed that there should be a money management plan in place for the person in question and that they would implement one, although we were unable to assess this at the time of the inspection.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Medicines were stored securely and safely administered but some improvements were required in the way they were recorded. Medicines were safely stored in a locked cupboard and staff undertook regular temperature checks of the storage area to ensure it remained within safe limits. Staff had received training in safe medicine administration and we observed staff appropriately supporting people with their medication when required.

People’s Medication Administration Records (MARs) included their photograph to reduce the risk of misadministration, as well as details of any allergies they had. We checked five people’s MARs against the balance of the medicines stored within the service and found the records to mostly be up to date and accurate, although some minor improvements were required. For example, we found one incident of medicine having been administered from a monitored dosage system without having been signed for, and another incident where prescribed paracetamol had been administered, but the number of tablets given had not been recorded. We also found that whilst there were records of controlled drugs being appropriately received and returned to the pharmacist upon expiry, this information had not always been updated in the controlled drugs register. We spoke to the registered manager about this and they told us they would raise the issue with staff to prevent similar errors occurring in future although we were unable to assess the impact of this at the time of our inspection.

Appropriate recruitment checks were conducted before staff started work. Staff files contained application forms which included details of their qualifications, employment history and their fitness to work. Staff had also undergone numeracy and literacy tests prior to their employment to ensure they met a suitable level of competency in these areas. Each file contained details of the questions and responses given during interview as well as appropriate

Is the service safe?

references, proof of identification, evidence of each applicant's right to work in the United Kingdom, and criminal records checks that had been refreshed every three years in line with the provider's requirements.

People and relatives we spoke with told us there were enough staff working on each shift to safely meet their needs. One person told us "I get help whenever I need it." A relative told us "I visit regularly at different times from week to week, and there are always enough staff here." Staff we spoke with had mixed views on staffing levels. For example, one staff member told us that the night shift could be very busy. However all the staff we spoke with told us that people were safely looked after with the current staffing provision, and the registered manager told us that he or another member of staff were available on-call to support shifts if required.

We observed there to be enough staff available to support the people using the service on the day of our inspection, with staff available to promptly respond to people's requests for assistance. Sufficient staff were available to

support people with activities in the community as well as in the home. The registered manager told us that staffing levels could be adjusted if required to ensure there were enough staff on duty to safely meet people's needs.

There were procedures in place to protect people from the risk of abuse. The provider had policies and procedures in place regarding safeguarding adults and the protection of people from bullying and harassment. Staff had received safeguarding training which was refreshed on an annual basis. They were aware of the procedures to follow if they had any safeguarding concerns and the registered manager knew the action to take in response to any concerns raised. Staff we spoke with were also aware of the provider's whistle-blowing procedure and how to escalate any concerns if they felt they needed to.

There were arrangements in place to deal with foreseeable emergencies. People using the service had been individually assessed with regards to the risk related to the need to evacuate the building in the event of an emergency. The service had a fire risk assessment in place, and staff had received fire safety training and conducted regular fire drills. Staff we spoke with were also aware of the procedures to follow in the event of an emergency.

Is the service effective?

Our findings

People and relatives we spoke with told us they felt that staff had received appropriate training to meet their needs. One person told us, “The staff know how to help me.” A relative said, “The staff are very good with everyone here and they seem well trained.” One staff member told us, “The training I’ve had has helped me to better support the residents here.”

Staff we spoke with told us they had undertaken an induction when starting work for the service which included training in areas considered mandatory by the provider as well as shadowing more experienced colleagues. Training records confirmed that most staff had completed training or refresher training in line with the provider’s requirements in areas including moving and handling, food hygiene, infection control, health and safety, first aid and managing behaviours that challenge the service. Where staff were due refresher training in some areas, we saw that this was scheduled to shortly take place.

Staff were supported in their roles through regular supervision and received an annual appraisal of their performance at work. The manager undertook regular supervision sessions with staff who told us that they found the supervision process helpful in support of their roles. One staff member told us, “Whenever I’ve raised issues during supervision, the manager’s feedback has really helped me.” Another staff member said “The discussions I have with my manager have helped me to think about how I can improve.”

Staff told us that people were able to make many day to day decisions about their care and treatment, and they were aware of the importance of seeking people’s consent when offering support. One staff member told us, “If they don’t want to do something we must respect that.” Another staff member said “The people here can make their own choices about many things.” We observed staff seeking consent from people whilst offering support throughout our inspection.

Where people’s capacity to make decisions about their care and treatment was in doubt, we saw appropriate processes had been followed to assess their capacity and to make decisions in their best interests, in line with the Mental

Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make some decisions for themselves. People’s support plans showed that mental capacity assessments had been conducted around specific decision making areas, and where people had been assessed as not having the capacity to make a decision we saw that best interests meetings had been held which involved health or social care professionals.

Staff told us, and their training records confirmed that they had received training on the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS protects people when they are supported in ways that deprive them of their liberty for their own safety. Staff we spoke with showed an understanding of these areas and how they applied to their work. The registered manager understood the process for requesting a DoLS authorisation and we saw that appropriate requests had been made, and authorisations granted for some people to ensure their freedom was not unduly restricted.

People’s nutritional needs and preferences were met. People we spoke with told us they were happy with the choice of meals on offer and had been consulted as to their preferences. One person told us, “The food is good.” Another person said when asked about the food, “I’m quite content.” One relative told us of their loved one “They’ve always been happy with the food on offer; I’d be the first to hear about it if they weren’t.” People had been involved in developing the menus and we saw a pictorial guide showing different types of food was available for people to use as a reference. Professional advice from a speech and language therapist had been sought where required in relation to people’s diets, to ensure risks were safely managed, and staff we spoke with were aware of people’s individual nutritional needs and any support they required.

People were supported to access a range of healthcare professionals such as a GP, optician, chiropodist and dentist. Staff supported people to attend appointments where needed and were aware of any guidance provided by healthcare professionals on how best to support people with their healthcare needs. People had a health action plan based which covered all aspects of their health, as well as a hospital passport that accompanied them to hospital to give hospital staff some background information about their needs.

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were friendly and treated them with respect. One person said of the staff “I like them all.” A relative told us “The staff are considerate; they always listen.” Another relative told us “The staff are very caring and kind, I have no concerns at all.”

We observed staff engaging with people in a relaxed and caring way throughout our inspection. People appeared to be comfortable and at ease with each other and the staff, and the conversations between them were cheerful and friendly. Where people occasionally displayed signs of anxiety, staff were quick to intervene in a caring way and we saw people responding positively to these interactions.

Staff we spoke with demonstrated a good knowledge of the people they supported and knew details of their life histories, likes and dislikes and the things that were important to them. They were aware of people’s preferences in their daily routines and we observed people being given time to make decisions about elements their daily living activities. One staff member told us “it’s important that we respect people’s choices and differences.”

Staff described the action they took to ensure that people’s privacy and dignity were respected, for example by knocking on people’s doors before entering, or ensuring doors and curtains were closed when supporting people with their personal care. We observed a number of examples of staff working in ways that respected people’s privacy during our inspection, for example by not entering people’s rooms without permission when they were out.

We saw examples of support guidelines in people’s care plans which included guidance that promoted their privacy, and one relative told us of the steps staff took to ensure their loved one’s dignity was maintained during a recent visit. They said “Staff have always respected people’s privacy when I’ve visited.”

People and relatives confirmed they were involved in discussions around their support as much as they wanted to be. Each person had an allocated key worker who they met on a regular basis so they could discuss areas of their support and any concerns they may have. Records of key worker meetings showed that people were happy with the support they received and how their care was planned. Information about the service was available to people on notice boards and in their care plans in formats that met their needs. For example we saw photos on display of the staff on shift during the day of our inspection for people to refer to.

Is the service responsive?

Our findings

People's support plans were up to date and personalised, and reflected their current needs. One relative we spoke with told us "I think the support they receive covers everything they need." People we spoke with did not comment on whether they felt their support plans reflected their individual needs, but records of meeting showed people were happy with the way in which they were supported and the conversations we held with them confirmed this.

Support plans included detailed guidance for staff on the support people required in a range of areas, including behavioural interventions, mobility, personal care, pain management and support with social activities. Support plans were person centred, indicating people's preferences in their daily routines, the things they could manage independently and any goals or outcomes. For example, one person's support plan included details of their night time preferences including areas of support they may be resistant to at night and how these could be safely managed.

People were supported to attend a local college in order to develop further skills and we saw evidence that people were enabled to take part in other activities that were important to them, for example swimming or trampolining. Records showed that one person had also been supported to go on a holiday of their choice with a member of staff. Staff we spoke with told us, and records confirmed that

support was offered in a way that promoted people's independence. For example, people were encouraged to help in areas such as doing their own laundry, shampooing the carpet and tidying their rooms.

People were encouraged and supported to maintain relationships with their families and friends. One relative told us "I can visit whenever I want." One person said they were looking forward to the visit of a loved one and we saw staff supporting them to make a phone call to the relative in question during our inspection. Links had been made with the local community and we saw people were supported to attend a club in order to socialise with others.

People said they would speak to the registered manager if they had any concerns but that they were happy with the support on offer. Relatives confirmed that they knew how to raise a complaint and that they felt the registered manager would take action to address any concerns they had.

The provider was in the process of updating their complaints policy and the draft we reviewed showed up to date information on who people could contact if they felt their complaint had not dealt with satisfactorily. The complaints procedure was also available for people to review in a format that met their needs. A complaints procedure was in place and provided people with clear time scales for response to any concerns raised. The service had a complaints log in place and we found that no formal complaints had been made. This was confirmed by the people and relatives that we spoke with.

Is the service well-led?

Our findings

The provider had some quality assurance systems in place but there was room for improvement. Audits and checks were carried out in a range of areas including health and safety, medication and staff training. We saw that the provider took action to address any concerns found. For example, where problems had been reported relating to the hot water temperature from some outlets following a recent health and safety audit, records showed that a contractor had been brought in to address the issue.

However, we found that there was no system in place for auditing people's support plans which may have helped to identify any inconsistencies or issues such as the issue we found of one person not having a money management plan in place. We spoke to the registered manager about this and they agreed to undertake audits of people's care plans in future although we were unable to assess this at the time of our inspection.

Staff told us there were regular staff meetings where people's needs and the running of the service were discussed. They said they felt they could express themselves openly at these meetings and that feedback from the registered manager helped them to make improvements to the way in which they worked. Staff meeting minutes showed areas of discussion included adherence to the cleaning schedules, menu planning and service user involvement, and feedback on areas of the support given to people receiving the service. Staff also confirmed that they held handover meetings between each shift so that they remained informed and up to date with people's daily support needs.

There was a registered manager in post at the time of our inspection and they had knowledge of the requirements and responsibilities of a registered manager's role. Relevant notifications had been submitted to CQC in most areas. However the registered manager had not submitted any notifications relating to people who had been lawfully deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). These notifications are a requirement under the Care Quality Commission (Registration) Regulations 2009. We spoke to the registered manager about this and CQC received the notifications following the inspection.

People's views about the service were sought through their meetings with key workers and through the use of feedback forms, although not all of the people using the service had completed one. The feedback we reviewed indicated that people were satisfied with the service they received and people and relatives we spoke with confirmed this to be the case.

People and relatives spoke positively about the management of the home. One relative told us "The service is very well led, and the manager is great with all of the people living there." Another relative told us that "The manager is very helpful and is on top of all the day to day concerns of the home." Feedback about the registered manager from people was also positive and we observed them being available to people and staff during our inspection, in order to help address any minor issues or concerns they had.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Risks to the health and safety of people were not always properly assessed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.