Inspection Report

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: 26 November 2012

Date of Publication: December 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

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 difficulties. 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

Contents

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'.

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, reviewed information sent to us by other organisations, carried out a visit on 26 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with told us they liked living at the home and the staff treated them well. One person told us the home was "marvellous" and they could speak to the team leader on duty about anything they wanted. Another person told us they enjoyed attending the local college with staff. We observed staff offering people support to make choices and to attend college and appointments in the local community. Staff we spoke with had a good awareness of the needs and individual preferences of people they supported at the home. The home had appropriate safeguarding arrangements in place. However, medicines were not always appropriately recorded and stored, and people's records were not always accurate.

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

What we have told the provider to do

We have asked the provider to send us a report by 02 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care

Reasons for our judgement

People were supported in promoting their independence and community involvement. On the day of our inspection people using the service were supported to attend a local college, a day centre and to visit the local community by mini bus. We saw an activity plan for the week which included shopping trips, walking in the local parks and the opportunity to attend a local church for some people. One person we spoke with told us they enjoyed attending a music lesson at the local college.
The manager also told us that a local church had involved people living at the home in their services, and had given some people the opportunity to do a reading. We saw a visit to the home by a local church to sing carols booked in the home's diary for December 2012.
We saw that extra staff were available to drive people to appointments and to attend college in the community, and we were told that staffing levels were arranged to ensure people could be supported to be active in the community.

People expressed their views and were involved in making decisions about their care and treatment. We observed staff consult with people about their plans for the day and support people to make decisions about every day tasks. When we looked at a sample of care plans we saw that in most cases there was no documented consultation with people about their care plans. However the staff, and some of the people living at the home who were able to communicate with us, told us that staff did consult people about their care plans and particularly the activities people enjoyed. The manager told us they would explore ways to more formally document people's involvement in their care plans and reviews. We did see an example of how a persons family member was consulted with about an important medical treatment.

The provider had taken some steps to support people with difficulties in communicating to express their views. The home had a complaints policy on display which was written using a sign language for people with communication difficulties. We also saw examples of how important information about activities available, and the fire evacuation procedures, were available in picture form. There was a picture board of al the staff members working in the home which people could refer to if they wanted to know who was on duty.

We saw that the home invited people using the service to meetings to discuss menu choices, and also invited people to attend staff meetings held at the home, in order people could express their views on important issues related to the service. For example on 28 September 2012 five people using the service attended a meeting where risk assessments and care plans were discussed and information about the organisation was presented, although there was no record of the feedback of people during this meeting.

Care and welfare of people who use services ✓ Met this standard

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. We looked at a sample of care plans and saw that extensive information was available about people's needs. Care plans and risk assessments had mostly been reviewed every six months, in line with the home's policy. Staff had signed the bottom of the care plan to indicate they had read the care plan, and the manager told us that changes to care plans were discussed in staff meetings to raise awareness and identify any further needs.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of care plans and saw that extensive information was available about people's needs. Care plans and risk assessments had mostly been reviewed every six months, in line with the home's policy. Staff had signed the bottom of the care plan to indicate they had read the care plan, and the manager told us that changes to care plans were discussed in staff meetings to raise awareness and identify any further needs. Staff we spoke with were knowledgeable about people's individual needs, and what staff told us about how to support people was reflected in the care plans we saw. For example, three staff member told us how a person could be best supported to communicate choices which reflected the information available in the person's communication care plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were completed risk assessments that identified both the risks and benefits of any proposed activity, such as a trip to theme park for one person or being involved in preparation of meals. The risk and benefits were scored, so that it as easy for staff to identify if the benefit of a proposed action might outweigh the possible risks. The risk assessments included a management plan to address the risks identified. However for two people we noted that there was no specific care plan for epilepsy contained in the current care plan file. The manager explained that in one case the person had not suffered a seizure for many years and that in another case there was a care plan available in a separate file although this was out of date. The manager agreed to address this issue.

We saw that people living in the home had access to a GP and other health professionals, such as a dentist and chiropodist. One person had recently been referred to an occupational therapist and a speech therapist. A person told us the staff helped them to go

to the doctor if they needed to and we saw visits to health professionals were recorded in the person's file and health care plan.
There was a sensory room available to people at the home, and we saw that this was identified as an activity for several people using the service who found it hard to communicate. There were risk assessments in place for people using the sensory room in the sample of care plans we looked at.

There were arrangements in place to deal with foreseeable emergencies. The first aid boxes in the home were stocked in accordance with a checklist and staff checked the contents regularly. Staff we spoke with knew how to respond in a medical emergency. A person living in the home showed us the fire exits to the home, the fire extinguishers and explained that a fire drill took place at the home.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed some people having breakfast at the home and that they were able to choose from different cereals and also had toast to eat. The people we spoke with told us they enjoyed the food and that they could get snacks to eat in between meals if they asked. For example, one person showed us the kitchen at the home and explained that they could make toast at any time. We also observed this person was supported in making frequent hot drinks during our inspection of the home.
We saw a care plan for a person which guided staff to offer the person a snack if they woke during the night and felt hungry. We also saw that the ways people might communicate hunger to staff had been identified in some of the care plans, and staff we spoke with knew how individual people might make their nutritional needs known.

People were provided with a choice of suitable and nutritious food and drink. The manager told us the menu was decided by people living at the home, with support from staff, and then any individual requests were noted beside the menu for the day. Although there was only one main meal offered, this system meant that people who disliked the main meal could request an alternative.
When we inspected the home we did not see any fresh fruit available to residents but staff told us that the day of our visit was shopping day and therefore stocks would be replenished. However the provider may wish to note that fresh fruit was therefore not always available to people living at the home.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use 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 use 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. We spoke with six staff working at the home on the day of our inspection. All the staff knew how to correctly report any safeguarding concerns to the manager of the home, or the provider's head office. Staff also knew to report concerns to an external body such as the Care Quality Commission (CQC) or social services if the provider did not act on their concerns. Staff we spoke with were aware of the provider's whistle blowing policy. Training in safeguarding vulnerable adults had been completed by all staff within the past year.
The provider had conducted two yearly Criminal Records Bureau checks on staff which ensured only suitable people were employed by the service.

The provider responded appropriately to any allegation of abuse. The provider had made safeguarding notifications to the CQC and the local authority as they were required to do.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate arrangements were not always in place in relation to the recording of medicine. We found that a label naming the medication and dosage for a person had been removed from an old medication administration record (MAR), leaving exposed the name and dose of another record on the chart which had previously been covered by the label. This meant that there was an inaccurate record of the medication that had been previously administered to a person. When we spoke with staff about this, it was rectified immediately and the manager said staff would be reminded about the importance of accurately recording medication.
When we reviewed a sample of MAR charts we found a very small number of medications had not been signed for correctly, although it appeared the medication had been given. When we looked at the medication audits for the home, we saw that senior care staff were required to account for all medication not in pre-filled packs at the end of each shift. However when we reviewed one audit sheet we found the number of tablets entered on a given day was incorrect, and that the record had only been completed two days after the date the medication was first administered. This meant that we could not be sure medication had been administered in the correct dose.

Medicines were not always kept safely. We found an expired medication kept in a locked cupboard within the medication room and staff told us this medication was prescribed in case of a person having a severe epileptic seizure. The staff member we spoke with did not immediately realise there were additional supplies of this medication and there was a risk that staff could have administered the expired medication in an emergency. We found that three further supplies of the medication had been delivered to the home on 25 October 2012, but these had not been entered on the 'as required' medication record nor unpacked from the delivery bag at the time of our inspection on 26 November 2012. The manager told us that this type of medication did not require storage in an additional locked cupboard, but that the home's pharmacist had recommended that it was a medication open to abuse and should be closely monitored. The arrangements in place at the time of our inspection did not evidence that close monitoring had taken place.

Supporting workers ✓ Met this standard

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

Staff were supported to deliver care and treatment to an appropriate standard through supervision and appraisal. We saw a sample of staff supervision records and that issues such as recording people's experiences and reviewing care plans were discussed. Between July and October 2012 we saw confirmation that the majority of staff had received at least one supervision session, and half of all staff had received supervision at the frequency determined by the provider's policy. The provider held monthly staff meetings and we saw from a sample of the minutes of these meetings that issues such as communication and offering people choices were discussed.

Staff received appropriate professional development. The home required staff to undertake mandatory training in subjects which included safeguarding, infection control, challenging behaviour, medication and moving and handling. We saw that most staff had completed their relevant mandatory training. For example, nine staff had been on a medication course run by the local pharmacist and without this course staff were not able to administer medication. In addition to this 16 staff were recorded as having undertaken a medication awareness course. All staff were up to date in fire training, and manual handling theory. The majority of staff were trained in manual handling assessment and practice, food hygiene and infection control. Other specialist courses were available to the staff such as person centred training, autism and epilepsy which were relevant to the needs of the people living at the home.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The provider carried out regular checks to fire alarms, fire points and fire doors and fire drills were carried out. There were monthly maintenance checks made on the emergency lighting, last done on 6 November 2012. We saw that the first aid kits in the staff room and kitchen had been checked regularly.
The manager told us they currently audited people's care plans and files during supervision with staff. The manager said they checked the file of a person for whom the staff member was key worker and then discussed any out of date records or quality issues at the supervision. We saw an example from a staff supervision record that care plan issues had been discussed. We were shown a new quality monitoring system had been designed for use by the provider to quality check the home, but this had not been carried out at the time of our inspection.

We saw that staff checked the kitchen fridge and freezer temperatures daily, but that the readings for the freezer temperature suggested it had been running at a high temperature since October 2012. We looked inside the freezer and saw food remained frozen which suggested the thermometer may not have been accurate. . However the high temperature, which was clearly outside the safe limits recorded on the checklist, had not been reported or acted on by the home. We spoke with the manager about this issue at our inspection and they said the matter would be addressed.

The provider took account of complaints and comments to improve the service. The complaints policy for the home was displayed in the entrance hall in an easy read format and traditional format. The manager told us they had received no formal complaints, but had received some compliments about the way staff supported people at the home. The provider carried out an annual satisfaction survey of people living at the home and their relatives, but this had not been repeated yet in 2012 since our last inspection in March 2012.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw a sample of incident records and that a person's risk assessment had been put forward for review at the staff meeting on 28 November 2012 following a fall. We saw that appropriate action had been taken to offer

staff member further training following a medication error.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Not all people's records were accurate and fit for purpose. For example the manager told us a person's key worker should review care plans every other month. One person's file showed a gap in reviews between March and September 2012. The manager said that the key worker in this case had been on maternity leave and the records had not been reviewed during this time. In another case information was available in the correspondence section of a person's file but it was not recorded on the relevant care plan. The person had fallen in May 2012 but the advice from the urgent care unit on how to support this person without bringing them to hospital following minor falls had not been documented in the care plan. In another case a nutritional assessment had been completed for a person but was not dated, so it was impossible to know if the assessment was valid or required repeating. Some people's files also contained an out of date copy of the complaints procedure which advised people to contact an external body as part of the complaints system that had since changed its name and contact details.
We saw a sample of daily notes for people but they were not all detailed descriptions of a person's experiences during the day. For example for one person with severe communication difficulties there was no entry in the notes regarding personal care for this person for several days. The manager had also identified this recording issue and it had been discussed at a staff meeting in October 2012.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The provider did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording and safe keeping of medicines used for the purposes of the regulated activity. Regulation 13.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The provider must ensure people are protected against the risks of unsafe or inappropriate care by maintenance of accurate records relating to each persons care and relating to the management of the regulated activity. Regulation 20 (1)(a) (b)(ii) (2)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 January 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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