

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

The Drive

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Date of Inspection: 23 April 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Management of medicines	✘	Enforcement action taken
Requirements relating to workers	✔	Met this standard
Records	✘	Enforcement action taken

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

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'.

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Why we carried out this inspection

We carried out this inspection to check whether The Drive had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Records

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 23 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, were accompanied by a pharmacist and talked with commissioners of services.

What people told us and what we found

Records were not all accurate and medications were not always stored or administered in line with the provider's own policy. The provider did not have appropriate arrangements in place to obtain consent from people.

People at the home told us they were happy and enjoyed living at the home. The relatives we spoke with said they felt their family members were well cared for by staff. A person told us their relative had been very unhappy at a previous placement but was now much happier since moving to The Drive. We observed staff delivering care in line with people's individual care plans. The provider followed their own recruitment policy to ensure that only suitable staff were employed by the service.

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 29 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against The Drive to protect the health, safety and welfare of people using this service.

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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Appropriate arrangements were not in place to assess the mental capacity of people living at the home before they were asked for their consent. We could not therefore be sure the provider acted in accordance with their wishes.

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

The provider did not have appropriate arrangements in place for obtaining consent from people living at the home. We reviewed a sample of care plans for people living at the home and found that some people had a care plan in place which said the person's money was managed by a relative, or that a family member had contributed to a care plan regarding people's end of life wishes. We also saw cases where people had given their consent to staff to call a GP, obtain prescriptions and take the person to the accident and emergency department if required. However there were no mental capacity assessments in place for any of the people living at the home as required under the Mental Capacity Act (2005). Therefore the provider could not be confident that people had given informed consent about decisions regarding a range of issues such as personal care, sharing personal information and end of life care.

We spoke with the relatives of some people who lived at the home and they told us they had not been asked to consent on their family member's behalf, although they felt they would be consulted about any major decisions. One relative told us their family member living at the home would "say yes to most things" but had only limited understanding. We saw that this person had signed a consent form regarding treatment at their local GP. This meant that proper steps had not been taken to assess the person's capacity to give consent.

When we spoke to the manager and provider about the lack of mental capacity assessments they told us they were aware of this issue and were addressing it by reviewing assessment forms to use. However as this action had not been completed at the time of our inspection we were not able to monitor the impact of this action had on people using the service.

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.

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 reviewed a sample of care plans and saw that the needs of people, including their medical needs, had been assessed and a care plan developed to meet these needs. For example a person had a communication passport which stated they should be offered a maximum of two choices at a time and we saw an example of this when staff were asking the person about their lunch time drink. When we spoke with staff about how they supported a person with personal care, staff explained the signs they used to communicate which were also identified in the person's care plan. Care plans were reviewed six monthly and the sample of care plans we saw on the day of our inspection were all up to date and generally included relevant information.

Two people we spoke with during our inspection told us they were happy at the home and they were involved in a range of community activities. We observed people being supported to attend college and access the community in line with their planned activity timetable and individual preferences. Staff we spoke with were all aware of the activities people enjoyed. We saw that people's care plans identified tasks such as doing laundry or helping to prepare meals, which people were being supported to do on the day of our inspection in the ways described in their care plans. People we spoke with and their relatives told us they liked the food and the meals appeared substantial.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The sample of care plans we reviewed contained up to date risk assessments which identified both the risks and benefits of a range of activities and care. We saw a detailed plan to guide staff in supporting a person with epilepsy. The plan stated that the person's medication for emergencies should be taken with the person whenever they left the home and we confirmed this was the case on the day of our inspection.

Records were kept of people's appointments with healthcare professionals such as the GP and practice nurse. We saw that people were supported to access these services on a regular basis, and that staff monitored people's physical health needs in most cases. For example, a person with a chest infection which did not improve was supported to re-visit the GP and the hospital and staff ensured the prescribed treatment was documented for all

staff to be aware of. When we spoke with relatives of people living at the home they told us their relatives seemed well cared for.

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 not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

When we inspected the home in November 2012 we found that appropriate arrangements were not always in place in relation to the recording and storage of medication. The provider wrote to us and told us they would take action to address these issues.

At our inspection on 23 April 2013 we found the provider had taken steps to ensure appropriate arrangements were in place in relation to obtaining, receipt and disposal of medicines. We saw that on the day of our inspection, all prescribed medicines were available. Staff told us that the doctor and pharmacist provided an effective service to ensure that medicines did not run out. We saw that people's medicines were reviewed regularly, and there was prompt review and prescribing for acute conditions. We saw that staff took time to encourage people to take their medicines so there were no missed doses. Staff checked medicines charts three times a day to ensure medicines were given at the correct times. Records were kept of medicines received and disposed of, and these were up to date. Arrangements were in place to dispose of medicines safely.

However, we found that appropriate arrangements were still not in place for the recording and storage of medicines. Medicines were not kept safely. We could not be sure that medicines were stored at the correct temperatures to ensure their quality as staff were not monitoring the temperature of medicines storage areas. We saw that the temperature in a medicines storage area was 28C on the day of our visit, and some medicines were labelled as "store below 25C". We saw that prescribed medicines were being stored on open shelves in people's rooms, on open shelves in a cupboard opening on to a communal area, and in a room where food items were being stored. Storing medicines in this way had not been risk assessed to see whether this was safe.

Appropriate arrangements were not in place for the recording of medicines. We looked at the records of medicines administration for people in the service. We saw that one person had been prescribed a pain relieving medicine "one or two tablets to be given four times a

day". Staff had given this medicine 20 times in April 2013, but had not recorded the actual dose given on any of these occasions.

We saw that during April 2013, staff had not recorded that prescribed creams for two people had been used. Staff told us that they had been using these creams, however as there was no record of this, we could not be sure that these creams had been used.

We saw that one person was refusing to take their medicines, we were told by the manager that staff were adding medicines to food without their knowledge, known as covert administration. Although the GP had authorised this approach to administering the person's medicine, the medication procedure for covert administration had not been followed. The person's medication care plan and risk assessment did not state that they were having medicines disguised in food. People's medication profiles had not been updated when their medicines were changed or stopped. This meant that people's medicines records were not kept up to date.

People living at the service were not able to keep and take their own medicines because of their medical conditions; therefore medicines were given to people by staff. The manager told us that staff had received medication training. However, despite this training we found that staff did not always follow the home's medication procedure and the manager had not carried out any audits to ensure medicines were being managed safely.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The provider had a recruitment policy which identified the checks that were required when selecting candidates for employment. The three staff files of staff who had begun to work with the provider in the last twelve months prior to our inspection, all included a checklist of requirements which had been completed. For example we saw that references, which included a person's most recent employment, had been returned to the provider and these had been followed up with a telephone call to confirm their validity. Criminal records checks had been carried out on staff prior to their employment at the service and staff's identity had been confirmed.

The provider's application form asked for candidates to explain any gaps in employment, such as for domestic reasons, and we saw this had been completed in the files we reviewed. The manager told us that this was also explored further at interview, but we were unable to see the interview notes on the day of inspection as these were held centrally, therefore we could not confirm this had happened.

The staff we spoke with on the day of our inspection confirmed that they had attended an interview with the provider and been asked for the names of two references and to produce documentation to confirm their identity. When we spoke with the relatives of people using the service they told us they felt suitable staff were employed at the service. They described staff as helpful and kind.

Records

✘ Enforcement action taken

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 not maintained.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

When we inspected the home in November 2012 we found that people's personal records including care plans had not always been updated in line with the home's policy. Advice from other professionals had not always been incorporated in the care plans. The home wrote to us and said they would take action to address these issues.

When we inspected the home on 23 April 2013 we found the provider had taken action to ensure care plans were up to date and reflected people's changing medical needs and professional advice. However people's personal records including medical records were not all accurate and fit for purpose. The key worker meeting record aimed to document the views of people using the service, about issues such as whether the home was accessible to the person and their community involvement. The answers provided were written as if the person using the service had dictated them, however they used complex language, which having met the people could not have been their feedback. We noted that a signature in the name of a person using the service appeared in the relevant section on the key worker meeting record but staff confirmed the signature was not that of the person using the service but had been written by staff. Therefore we could not be sure the document contained an accurate record of the person's own views. We found three similar examples of this in the sample of care plans we reviewed.

We found conflicting information was contained in people's personal records regarding their food preferences. For example in one case a person had pictures on file of things they liked to eat for lunch. This included spaghetti on toast and macaroni cheese. The person also had a document called 'Health and Keeping Safe' in their care plan which recorded that they were allergic to or made sick by pasta, spaghetti and toast. Another person had a care plan which stated that the person should not be offered potatoes in any form but there was an undated nutritional assessment on file which stated that the person could now eat potatoes. Three other nutritional assessments in care plans we reviewed were undated. Therefore we could not be sure people would be supported to choose

suitable food.

We found that weekly key worker check lists were completed by staff to ensure aspects of care such as a person's nails, hair and hearing and eye health were considered regularly. In one case however a person was noted to require additional items of clothing on both the February and March 2013 checklists. The manager told us that they had contacted social services to request a social worker look at the person's financial arrangements but no record had been made of this review on the most recent checklist which continued to record a shortage of clothing items.

Staff records and other records relevant to the management of the services were not all accurate and fit for purpose. The staff told us that the staff signing in and out register at the home was also a record for use in case of a fire and all staff were required to sign in and out of the home. However we noted that there was no record of the home manager signing in and out of the home in this book. Therefore if a fire occurred the record of staff in the home would be inaccurate if the manager was in the home. On the day of our inspection the manager was recorded on the staff rota as working a nine to five shift at the home, however, we noted that he did not arrive at the home until 10.35. Therefore the provider's records of staff on the premises or on duty were not always accurate.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users, or the consent of another person who is able lawfully to consent to care and treatment on that service user's behalf; or establishing, and acting in accordance with, the best interests of the service user. Regulation 18 (1) (a) (b) (2).

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 29 May 2013.

CQC should be informed when compliance actions are complete.

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

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 31 May 2013	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
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 registered person must 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 obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13.
We have served a warning notice to be met by 31 May 2013	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
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:

This section is primarily information for the provider

	<p>The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. Accurate records relating to care and treatment of service users and management of the regulated activity should be maintained. Regulation 20 (1) (a) (b).</p>
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For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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.

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