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

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

Details about this location

Registered Provider	The Drive Care Homes Limited
Registered Manager	Mr. Ahmed Barry
Overview of the service	The Drive is a care home which provides accommodation and support for up to twelve people with learning and physical 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

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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

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

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 7 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

On this occasion, we did not speak with people using the service as part of our inspection. We found the provider had made improvements, and appropriate arrangements were in place to ensure that people were fully consented regarding their care and treatment. People's care was planned and delivered in line with their assessed care needs.

People were assessed regarding their ability to consent, and others such as family and healthcare professionals were involved in helping them to make decisions when necessary. All staff had received training in the process for ensuring people were consented about their care, and the process for involving them and others on their behalf in important decisions.

The provider's policy had been updated regarding new admissions, and ensured that care assessments and plans for supporting peoples care needs were put in place before they came to live at the home. Staff told us they were updated regularly about people's care needs and they now read and signed people's care plans to show they understood how to safely provide support.

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

More information about the provider

Please see our website www.cqc.org.uk 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 ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At our inspection of 23 April 2013 we had found that the provider did not ensure that appropriate arrangements were in place to assess the mental capacity of people living at the home before they were asked for their consent. Following our visit the provider wrote to tell us the actions they would take. At our inspection on 07 February 2014 we found the provider had made improvements and appropriate arrangements were in place to ensure that people were fully consented regarding their care and treatment. This outcome was not inspected at the Care Quality Commission (CQC) inspection 20 June 2013, as the timescale for the provider to achieve improvement had not yet expired at that time.

Where people did not have the capacity to consent, the provider had acted in accordance with legal requirements. The provider had appropriate arrangements in place for obtaining consent from people living at the home. All of the people living at the home had learning disabilities with varying abilities to understand the care and support being offered to them. We reviewed a sample of care plans for people living at the home, and found that mental capacity assessments were in place for each of them. The manager told us that mental capacity assessments had been done for all of the people living at the home, to ensure 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. Five people who received support for administration of medication had been assessed about their understanding and ability to consent. The outcome of these assessments had been recorded, to show for example that the person had understood and agreed to the take prescribed medication and for the provider to administer the medication. One person had been assessed about their understanding of the implications of not using continence management materials provided by the home, and the outcome was that they lacked capacity. This was then the subject of a best interests meeting, where agreement was reached with social services and the persons family to continue to prompt the person to use the continence management support offered, as this was in their best interests to minimise the risk of damage to their skin.

We were told by the manager that the majority of people who lived at the home had family involvement where appropriate in making important decisions about their care. The manager told us that advocacy support was provided when necessary, to support people to make decisions about their care, and we saw that advocacy had been recently involved for one person in making a decision to move from the home. Care plans we saw for four people had been signed by them or by their family where the person was unable to sign for themselves.

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

At our inspection of 20 June 2013 we had found that the provider did not always ensure that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider had a policy which stated that people admitted on short notice to the home would have their needs fully assessed and a care plan in place within five days of admission to the home. However we found that a person admitted to the home in April 2013 did not have a risk assessment which was sufficiently detailed to take account of risks associated with the person's particular needs, for example allergies to some food items. All staff were not aware of the risk for this person, and some staff had been storing some personal food items in a fridge which was accessible by the person, which may have posed a risk to them. We asked the provider to make improvements. Following our visit the provider wrote to tell us the actions they would take.

At our inspection on 07 February 2014 we found the provider had made the necessary improvements. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider had revised the home's policy regarding new admissions and the policy now required that no new resident would be admitted to the home without first having had a full needs and risk assessment carried out to enable to staff to fully understand the person's needs. The manager told us that this included producing a care plan before the person would move into the home. We were unable to assess the impact of this as there had been no new admissions since the last inspection.

Care plans and risk assessments we saw for four people who used the service were up to date, and had been reviewed within the previous six months. These included for example details of risk related to falls, travel in the community, cooking and allergies such as to food and medication. The manager told us that following the CQC inspection of 20 June 2013 the staff had been immediately informed about the food allergy, and risk assessments, regarding a person who lived at the home at that time. We saw that staff had read and signed a copy of this person's care plans to confirm their awareness. The manager and staff we spoke with told us that the person had now moved out of the home. Three staff we spoke with confirmed that they were quickly made aware of any changes to people's care plans and risk assessments, and were asked to sign them to show they

understood them. Care plans we saw had been signed by staff. The staff we spoke with were able to describe the risk associated with providing care for three people we queried with them, including one person's allergy to medication and another's dietary needs. Staff confirmed and we saw that there were now separate storage arrangements in place for staff personal food items in order to minimise risk for people who lived at the home.

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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