Inspection Report

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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Tel: 02083090440

Date of Inspection: 20 June 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:

Care and welfare of people who use services	✖ Action needed
Management of medicines	✓ Met this standard
Records	✓ 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

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Records	10
Information primarily for the provider:	
Action we have told the provider to take	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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:

- Care and welfare of people who use services
- Management of medicines
- 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 20 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, were accompanied by a pharmacist and talked with commissioners of services. We talked with other authorities.

What people told us and what we found

We inspected the service on 20 June 2013 in order to follow up on enforcement action we had taken regarding the way the service managed medicines and record keeping. We found that the provider had systems in place for the safe management of medicines and records were accurate and fit for purpose. However we also found that people's care was not always delivered in a way which ensured their safety and well being.

We spoke with two people using the service who both said they were happy with the home and that the staff supported them. One person told us they enjoyed their work experience. We observed staff support people in a respectful way.

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 30 July 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

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan in most cases. We saw that people had a care plan which covered issues such as communication, mobility, health and continence. The care plans were updated on a regular basis in most cases and staff had signed to indicate they had were aware of their contents as well as risk assessments in areas such as challenging behaviour and trips out of the home.

We observed staff supporting people at the home in line with their care planning. For example we saw that a person was offered support with toileting when they became agitated and it was stated in the care plan that agitation might be a way this person communicated their needs. When we spoke with staff they told us about a person's preferences for personal care, and we saw this was reflected in the care plan.

However, care and treatment was not always 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 within five days of admission and a suitable plan of care developed based on those needs". 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. The process which we were told verbally was in place to manage the risks was not followed in every aspect. No new care plans had been developed by the provider to account for the person's needs whilst in a new environment.

It was stated in red on a person's care plans that a person had an allergy to a particular food. When we spoke with three staff and the home's manager they were unaware of this allergy. The person had access to food which may pose risk of an allergic reaction and

had eaten food on three occasions on the week of our inspection which was labelled as possibly containing a trace of the ingredient to which the person was allergic. Staff had stored their own food items in the fridge and food cupboard at the home, and these food items contained the ingredient to which the person was stated as being allergic. When we informed the manager of this issue they told us they would address the situation immediately but we could not monitor this at the time of our inspection. This meant there was a risk to the safety and wellbeing of a person at the home.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we inspected the service on 23 April 2013 we found that appropriate arrangements were not in place for the safe administration, recording and storage of medicines. The provider's medicines procedure was not always followed. The doses of medicines given to people were not always recorded. There was no evidence that some prescribed creams had been used. There was no evidence that some of the changes to people's medicines records had been authorised. The provider's procedure for covert administration was not being followed. Medicines were not being stored safely or at the correct temperatures. The provider had not carried out any audits to assess the quality of medicines management at the service. We took enforcement action against the provider and returned to inspect the home on 20 June 2013.

At our inspection of 20 June 2013 we found that improvements had been made. There was evidence the provider's medicines procedure was now being followed. Medicines were now stored securely and at the correct temperatures. Medicines records were completed accurately and were up to date. The manager was now auditing medicines regularly, and taking action on the issues found.

Medicines were kept safely. Medicines, including prescribed creams, were now stored within locked cupboards or trolleys, accessible only to staff authorised to handle medicines. Quantities of all prescribed medicines including controlled medicines were checked daily to ensure they were not misused. Expiry dates of medicines were now checked regularly so we saw all medicines were in date. The temperatures of medicines storage areas, included the medicines fridge, were monitored daily, and records were kept of this. We inspected these records, and they provided evidence that medicines were now stored at the correct temperatures to ensure they were fit for use. We noted that there was one box of tablets in the medicines trolley without a dispensing label attached. Staff had hand-written the instructions onto the box. The manager told us that this medicine had been supplied by the local hospital without a dispensing label.

Appropriate arrangements were in place in relation to the recording of medicines. We saw that the service now kept accurate records of medicines received, used and disposed of. We saw that the manager was conducting weekly medicines audits. The supplying

pharmacist had also completed a detailed medicines audit. Any issues picked up during these audits had been addressed. Staff were now recording when they applied prescribed creams for people. Two people were having their medicines given in food, known as covert administration. There was now a care plan in place for this, and staff on duty knew how these medicines needed to be administered. A meeting had been held with the GP and next of kin to decide whether it was in the persons best interests to give medicines in this way. We noted that both people's social workers had not attended the meeting. We also noted that one person had a later routine, and because they chose to wake up later, they were given their morning medicines at lunchtime. Staff did not record that these medicines were given later than stated on the person's medicines chart. We discussed this with staff on the day, and they provided evidence that the GP was aware of this, and had been contacted to amend the prescribed time to lunchtime.

Medicines were safely administered. We observed staff giving medicines to people during the day, and this was done safely, with records completed at the time. We saw evidence that all staff giving medicines to people had received appropriate training to do this. All prescribed medicines were available. The GP had recently reviewed people's medicines, and there was evidence that people had been supported to see the GP when they needed to. There were up to date information leaflets for all medicines held at the service.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained in most cases.

Reasons for our judgement

When we inspected the service on 23 April 2013 we found people's personal records including medical records were not accurate and fit for purpose. Staff records and other records relevant to the management of the services were not complete or accurate. We took enforcement action against the provider and returned to inspect the home on 20 June 2013.

At our inspection of 20 June 2013 we found that people's personal records were mainly accurate and fit for purpose. For example, the provider had taken action to redesign the record of keyworker meeting review records. The keyworker review records now stated that people using the service were only required to sign the record if they were able to do so independently, and it was clear who had made the recording. Keyworker checklists were found to contain up to date information about medical appointments required or attended and we noted that action had been taken to ensure people using the service had sufficient toiletries and clothing as identified by the checklist.

We looked at the care plan of a person at the home whose social worker was visiting on the day of inspection. The social worker told us the care plan was an accurate description of the person's needs in most aspects. We saw that a person had recently attended hospital and that their care plan now contained specialist information on how to support the person with eating and drinking.

When we reviewed a sample of care plans related to dietary requirements we found they had been reviewed to offer consistent guidance regarding the documented needs of the person. For example in a case where a person liked to eat pasta and it had previously been recorded they were allergic to pasta, the staff had explored the reasons for this documented allergy and updated the record accordingly in order that it was accurate.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. The staff signing in book was used as a fire register. When we reviewed the signing in book against the staff rota we found that on almost all occasions the signing in book was consistent with the staff rota which meant staff were completing the signing in book record. In two cases we saw a staff member had signed in to the home

but not signed out and when we brought this to the attention of the provider they said they would address this immediately.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The provider must take steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by assessing their individual needs and planning and delivering care in a way that meeds these needs and ensures the welfare and safety of the service user. Regulation 9 (1) (a) (b) (i) and (ii).

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 30 July 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.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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