

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

## Hardy Drive

23 Hardy Drive, Royston, SG8 5LZ

Tel: 01763243684

Date of Inspection: 01 August 2013

Date of Publication: August  
2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Royal Mencap Society
Registered Manager	Ms. Catherine Snell
Overview of the service	Hardy Drive provides accommodation for up to six people who have a learning disability. They are not registered for nursing care.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 August 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 and talked with staff.

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### What people told us and what we found

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The majority of people that we met with during our inspection on 01 August 2013 were not able to tell us about the care and support they received whilst living in the home, due to their complex needs. However, observations made during our visit showed that people were satisfied and happy with the care and the attention they received from care staff.

Care and support was regularly reviewed which ensured that peoples' needs were met. There was evidence of people's involvement in the planning of their care and support. Medicines were well organised and administration records were in good order. All records we looked at were safely stored and protected people's privacy and confidentiality.

There were appropriate recruitment procedures in place which ensured that only staff that were suitable to work with vulnerable people were employed.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in line with their individual care plan.

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### Reasons for our judgement

We looked at two people's care records during our inspection on 01 August 2013. Care plans were written in a 'person centred' and very positive style, which included what the person enjoyed and what they were interested in. The plans reflected personal needs and preferences and detailed how care and support should be provided. As well as personal and healthcare, the care plans covered a range of people's holistic needs. These included communication, leisure and hobbies, maintaining friendships and relationships, supporting challenging behaviour and support with employment and finances. We noted that people had been involved as much as possible in decisions on the care and support they needed and the way they preferred it to be delivered. One person had written a 'pen picture' about themselves.

The members of staff we spoke with during our inspection were very knowledgeable about the care and support needs of the people that they were supporting. We observed good interaction between staff and the people who lived at the home. Staff offered encouragement, motivation, support and choice.

There were detailed and up to date risk assessments in place to underpin people's care. This ensured that the person remained safe and that care and support would be appropriately delivered both in the house and when in the community.

We saw in the plans and staff confirmed that they had good contacts with healthcare professionals such as GP surgeries and occupational therapists. We saw that any support needed from healthcare professionals was described in detail within care plans. Sensitive or confidential information was not included in detail and this ensured that the person's dignity and privacy needs were maintained. Each person had a 'health passport', which was kept up to date and went with them to all of their health appointments. The passport showed that people had access to a range of healthcare professionals such as doctors, optician, dentist and chiropodist. This meant that they were supported to maintain good health.

There was a friendly and professional rapport between the staff and the people we met

during the inspection. Staff wrote detailed daily notes, which reflected on how each person had spent their day.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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During the inspection we observed the evening meal. One person was assisted throughout the meal in a respectful and calm manner. The staff member who assisted the person to eat obviously knew the person well and talked to them throughout the meal time and provided the support they needed.

Drinks were offered throughout the meals and refills were encouraged. A choice of drink was offered to each person.

The food looked appetising and the care staff checked on several occasions that people were happy with their food. Although not everyone was able to answer, people smiled when staff asked if they were enjoying their food. Others told us that they had enjoyed their meal when we asked them.

Due to people's communication skills we saw and staff told us that they use picture cards so people are able to tell us what they would like to eat. Care plans we looked at contained peoples preferences about the foods they liked and disliked.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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The manager stated and the records showed that all of the staff who currently worked at Hardy Drive had completed training for the safeguarding of vulnerable adults and that it was always discussed in staff meetings and individual supervisions.

The local authority policy on safeguarding vulnerable people was available in the manager's office.

We spoke with two members of care staff and they were aware of the procedure to follow if they suspected anyone had suffered any abuse.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our inspection on 01 August 2013, we found that each person had a medicines cabinet within their own room. This was locked and the key held by staff. We checked the storage and watched the administration of medicines for one person.. Staff asked the person where they would like to go to have their medicine administered. Once administered the member of staff then signed the administration record sheet. We found that the medicine records were in good order with no missed signatures. There were auditing sheets in place which were completed after each medicine had been administered. This ensured a record of all medicines held in the home was accurate.

However, the provider might find it useful to note that internal and external medicines were not stored separately to prevent cross contamination. The manager assured us that this would be immediately addressed and the medicines would be stored separately.

New thermometers had been purchased which ensured that the temperature of storage areas remained within the appropriate range which meant that medicines were maintained 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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A detailed recruitment procedure was in place and all the required checks and documentation was being provided before the new staff member started work. We looked at two staff files and saw that the required checks, such as two references, criminal record checks and health declarations had been completed before they were employed, and documents such as a photograph and identity checks were in place.

We viewed training plans and our conversations with staff, confirmed that staff had received a wide range of training which ensured they were equipped with the knowledge and skills relevant to their role. An induction training policy was available and records viewed confirmed staff had undertaken an induction period with appropriate training.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We checked training files for a sample of staff on duty on the day we visited. These showed that staff had received a range of training that was suitable for their role. Staff we spoke with told us the training they received was good and that it was kept up to date.

Staff we spoke with told us they received regular supervision and appraisal of their working practices which they found useful. Staff files that we checked also demonstrated this. They also told us that the manager's door was always open and they feel able to raise any issues they had at any time.

Staff told us and the minutes seen confirmed that monthly team meetings were held. This allowed people to be updated on areas that affected the running of the home, care and support needs of people, staffing and training. If staff were not able to attend the meeting, they were required to read the minutes and sign and date that they had seen them when they were on their next on shift. This ensured staff were all provided with the same information.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected from the risk of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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The home had clear procedures in place which ensured that people's records and information held about them was managed safely.

We checked a number of records in relation to people's care which included their daily notes, care plans, health and medicine records. These were clear, factual, securely stored and maintained the dignity and confidentiality of people who lived in 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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