

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

## 51 The Drive

Kingsley, Northampton, NN1 4SH

Tel: 01604710145

Date of Inspection: 20 June 2013

Date of Publication: July 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Partnerships in Care Limited
Registered Manager	Mrs. Jacqueline Philamena Hatton
Overview of the service	<p>51 The Drive is a residential care home that can care for up to three younger adults with learning disabilities, autistic spectrum disorder and mental health needs.</p> <p>Further information can be obtained direct from the provider.</p>
Type of services	Care home service without nursing Rehabilitation services
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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## 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 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 and talked with staff.

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### What people told us and what we found

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We had the opportunity to speak with two people using the service. They confirmed they were pleased with the support they received at 51 The Drive, they told us the staff treated them with respect and dignity. We found that each person had a care plan that gave details on the specific elements of people's care and support needs. We saw that people's preference and daily routines were recorded and revisions had been carried out to care plans in response to people's changing needs. The care plans were held on a computerised recording system with paper copies available.

We found that robust staff recruitment procedures were in place and staff had regular opportunities to discuss the needs of the service and review their work performance during regular supervision and annual appraisal meetings with their line manager.

We observed that people using the service appeared relaxed and comfortable with staff. We saw that people were fully involved in setting up their care plans and encouraged to make their own decisions about their lives. We also saw that regular meetings were held with people using the service, to provide the opportunity for people to share their ideas and opinions about the service provision.

We found that some areas throughout the premises were not adequately maintained. We brought the areas of concern to the attention of the provider during our visit.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 06 August 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.

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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

### 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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We observed that staff treated people with respect and involved people in making decisions. For example, we saw people were supported to choose whether they wanted spend their time alone or in the company of others and whether they wanted to join in organised activities.

We had the opportunity to speak with two people using the service, they told us they liked living at 51 The Drive and confirmed the staff fully involved them in making decisions about their care. They told us they had been involved with setting up their care plans and where in agreement with what was written about them within their care plans.

We spoke with two members of staff who confirmed they always explained people's care needs to them and ensured that people fully understood their care plans, and what the staff needed to do to provide support for them. This meant that staff obtained people's cooperation and informed consent before carrying out any care tasks.

People were assessed for their capacity to make decisions as set out under the Mental Capacity Act (MCA) 2005 Code of Practice. We found that where people did not have the capacity to give consent to their care and treatment the provider had acted in accordance with legal requirements. We saw that the provider used their judgment to assess whether a particular decision about a person's care was significant enough to need a formal, written assessment of capacity. In such cases we saw that the person's care plans had been signed by the person who held the responsibility as the assessor for drawing up and reviewing the care plan.

We found best interest decisions for people without capacity involved close relatives and other health professionals during care plan approach meetings. We found that medication assessments had been carried out to assess whether people were able to safely administer their own medicines. We saw that people who were unable to manage their own medicines had signed a consent form for staff to take on this responsibility.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and the care and treatment was planned and delivered in line with their individual care plan. We looked at the care plan for one person using the service. We found it gave sufficient information on the specific elements of the person's care and treatment needs, which included information about their lifestyle choices and daily routines. We saw that the care plan was regularly reviewed and amended to reflect any changes to the person's care and treatment needs, in agreement with the individual.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. On speaking with staff it was clear that they were knowledgeable of the needs of individual people. We found that risk assessments were carried out to ensure identified risks were minimised and people were protected from harm. For example, we saw that risk assessments covered behaviour risk management, movement and handling, risks of poor nutrition and accessing the community, we also saw that these were regularly reviewed along with the care plan.

We saw that people's food and fluid intake, weight gains and losses, were closely monitored and followed up with their GP and hospital specialist services where needed. We found that people had access to advice and support from other healthcare professionals, such as dieticians, physiotherapists, opticians and psychology services in response to any deterioration in their physical or mental health needs.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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We reviewed the infection control policies and procedures during our visit. We found that people using the service were protected from the risk of infection because staff ensured that the provider's guidance had been followed.

There were effective systems in place to maintain the cleanliness of the home and we saw the home was clean and tidy. The staff were able to explain the cleaning routines and schedules and knew the importance of maintaining a clean and safe environment. We saw that daily, weekly and monthly cleaning records were completed by staff and these were regularly checked by the managers to ensure high standards of cleanliness were maintained.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not fully protected against the risks of unsafe or unsuitable premises.

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.

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## **Reasons for our judgement**

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We carried out a tour of the building and found that some areas throughout the premises were not adequately maintained. We brought the following areas of concern to the attention of the provider during our visit.

The metal window frames to people's bedroom windows did not have secure closures fitted, for example, some windows were fastened by one latch. This meant that appropriate measures were not in place in relation to ensure the security of the premises.

We saw there was a build-up of black mildew to the window frames, particularly in people's bedrooms. This meant people's health could have been placed at risk, as the presence of mould and mildew can cause health problems, such as, respiratory problems and allergic reactions.

We saw the first floor shower room had an open louvered door screen leading to the dressing area. This meant that people were at risk of their privacy not being maintained. We also saw that the sealant around the shower cubicle was not intact, and water leakage had resulted in water damage to the ceiling of the room immediately beneath the shower on the ground floor.

We saw the bathroom to the first floor had cracked floor tiles, the tap fixture was broken and the bath surface was damaged. This meant that people were not provided with a pleasant, well maintained bathing facility.

## 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, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The provider operated effective recruitment procedures in order to ensure people employed at 51 The Drive were of good character, had the qualifications, skills and experience necessary to do their job. We looked at a selection of the staff recruitment files and found that robust staff recruitment procedures had been followed. For example, Criminal Records Bureau (CRB) checks were carried out through the Disclosure and Barring Service (DBS).

We found that written references were obtained from previous employers and checks were carried out to verify the staff's health conditions, proof of identity, employment history and qualifications. This meant the provider had done everything practicable to ensure they recruited staff that were legally entitled to work in the United Kingdom, were of good character, suitably qualified, and physically and mentally suited to their job.

**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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Staff received appropriate professional development. We saw that mandatory and vocational training was provided for all staff. This included training on manual handling, health and safety, food hygiene, fire safety, basic first aid and safeguarding vulnerable adults. We also saw that staff had been provided with additional training on managing behaviours that had the potential to place people using the service and others at risk.

We saw that staff supervision arrangements were in place to promote the staff's personal and professional development. The staff we spoke with confirmed the management were supportive and they were provided with appropriate training to ensure they could fully meet the needs of all people using the service.

We looked at records of staff training and saw that the provider had arrangements in place to ensure staff received regular training updates to refresh their knowledge and skills. We were told by staff that staff meetings took place regularly and we saw minutes of the meetings, which showed that items on the agenda included discussions on care provision, staff training and health and safety matters.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that systems were in place to enable people to provide feedback about their experience of using the service. For example, a satisfaction survey had been circulated to people during April 2013, we saw that most of the comments people made were positive, with some areas of dissatisfaction around food provision and the environment. The provider informed us they had taken action to address these areas of dissatisfaction.

People told us that regular resident meetings took place. We saw that minutes of the meetings had items on the agenda such as organising outings, activities and menu planning. We saw that during each meeting people were given the opportunity to raise any other business or concerns they wanted to discuss within the group.

We saw that regular quality monitoring checks were carried out on records of people's care plans, medication and that health and safety checks were regularly carried out on the environment. We found that accidents and incidents were recorded and monitored appropriately and people's individual risk assessments were regularly reviewed and their care was changed where necessary to minimise the risks of any reoccurrences.

The provider took account of complaints and comments to improve the service. The people we spoke with told us they knew how to raise any complaints if they needed to do so. We saw that information on how to complain was made available on a notice board within the home. We looked at the complaints file and found that there had been no formal complaints raised with the provider since our last inspection visit.

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	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> People who use the service were not fully protected against the risks of unsafe or unsuitable premises.

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 06 August 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.

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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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