

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

Drakes Place

Taunton Road, Wellington, TA21 8TD

Tel: 01823662347

Date of Inspection: 12 January 2014

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

Respecting and involving people who use services ✓ Met this standard

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

Management of medicines ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Voyage Limited
Registered Manager	Mrs. Caroline Gudgeon
Overview of the service	Drakes Place is registered to provide support and care for people with a learning and/or physical disability.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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Summary of this inspection

Why we carried out this inspection

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.

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 12 January 2014, 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 and reviewed information given to us by the provider.

What people told us and what we found

Drakes Place is made up of three adjacent houses registered to provide personal care and accommodation for up to 27 people. The people accommodated had a learning disability and /or a physical disability. The service also had an outreach service that provided personal care to people in their own homes. At the time of the inspection the outreach service provided support to three people.

Some of the people who used the service, on the day of the inspection, had limited or no verbal communication skills. However, we were able to speak with seven people, most of whom were happy with the support provided. People said staff were helpful and respectful, the people enjoyed the food and they were happy with their accommodation. We were able to speak with three staff members who all said they thought a good service was provided at Drakes Place.

On the day of the inspection the accommodation was furnished, decorated and maintained to a good standard. The home was very clean and there were no offensive odours.

There were satisfactory numbers of staff on duty. There were satisfactory records in place to demonstrate staff received appropriate training. The service's record systems (for example care planning, health and safety and staff training) were all maintained to a satisfactory standard.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

On the day of the inspection, we were able to speak with seven of the people who lived at the home. We also observed staff working with the people who used the service. The majority of people said they were happy with the support they received, the staff that supported them were helpful, and they had no concerns about their care. Two people were not happy with their care for example one person said some of the staff could be "bossy" and they did not like the food. The registered manager said the local authority and the service provider were aware of these people's concerns and were trying to ensure they were addressed.

The people we spoke with said they could get up and go to bed at a time when they wished. People either spent the time during the day in the communal areas or in their bedrooms.

People were positive about the staff support they received. Typical comments people made included "They are very good", "I like it here", "the staff try their best" and "I have no concerns".

We spoke with three members of staff. These people said standards at the home were good and they had confidence in their colleague's care practice. One person said "all the staff have a good rapport with people living here." Another person told us "It is a pleasant place to work, the people here are well looked after."

People who used the service told us there were some activities available and said they participated in various activities such as shopping, going to the cinema, going to cafes, and social clubs. From records and discussion with staff we also understood there were frequent art and music sessions. People told us the home had several vehicles, which enabled them to go out. The vehicles were wheelchair accessible. Two people said activities sometimes did not occur, for example, if there were staff shortages. One person said they were due to go into the town the day before, but this had not occurred due to staffing levels.

On the day of the inspection various activities were occurring. Staff engaged people in completing jigsaw puzzles and art based activities. Some people went out in one of the home's minibuses.

We assessed records kept, within four people's files, to check what activities they participated in. Records showed people did not necessarily have a structured activity each day. We discussed this matter with the registered manager and she said there were plans to improve the activities available to people in future.

We asked people who used the service if they participated in cooking, the household shopping and domestic tasks such as cleaning. Some people due to their level of disability and understanding, were not able to significantly participate in completing these tasks. However, others told us they "mopped the floor", "cleaned my bedroom" or "helped with the washing and drying up". We also saw one person working with a staff member to plan and write the shopping list for the home. The person told us they were going to the supermarket the next day to help with the shopping.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the time of the inspection the service provided care and support to a diverse group of people. The service was made up of three distinct buildings. The Main House provided care and support to up to fifteen people with a physical and/ or learning disability. Some people had cerebral palsy. Squirrel Park provided care and support for up to seven people. Most of these people had profound learning disabilities, some of whom had behaviours which could be deemed as challenging. The Oaks provided support for up to five people who had a physical disability and some of whom had a learning disability. There was an outreach service Voyage Options, which provided support to three people in their own homes. Voyage Options was not inspected on this occasion.

The majority of people we spoke with said they were happy about the care they received. Examples of comments we received included "the home is very good", "the staff are very nice" and "The staff are polite, they do not rush me to get dressed or when I need help".

Everyone we spoke with was happy with the food. People said they were regularly offered something to drink.

Everyone we spoke with appeared to have their physical needs well attended to. For example, people were dressed in clean and well maintained clothing, people's hair was well groomed and their nails clean and well-manicured.

We spoke with three staff members. They all said they thought the care provided at the home was to a good standard. For example, staff told us they had "no concerns about staff care practices" and "everyone is well looked after". We were told by individual staff members that if they had any concerns about care they would discuss the matter with their line manager, someone more senior in the organisation, or with external agencies such as the local authority, the Care Quality Commission or the police. Staff told us the home was a "pleasant place to work" and "everyone was very helpful and supportive".

We inspected the care records for four people. The files we inspected were stored securely in the offices in each of the houses. Records were accessible to staff members. All care records we inspected contained a care plan and various assessments (such as

risk assessments and a moving and handling assessment.) Care plans were comprehensive and included sections regarding the persons' needs, such as 'a typical day', 'communication', risk taking' and what was deemed as 'important to and for' the person concerned. There was information about the person's background, which enabled staff members to have some information about the person's history and personal interests. There was some written guidance regarding what support people should be provided with if they presented behaviours which could harm themselves or others (for example, if people were physically aggressive or presented self-harming behaviours).

Staff told us that if there were any concerns regarding an individual's behaviour they received support from the learning disabilities team who could advise about strategies to help the person, and minimise any risks to them or other people. Staff also told us the organisation had a locally based advisor who supported staff regarding individual behaviours which may present a risk to the individual or other people.

There was evidence care plans were reviewed. For example, the four records of people we pathway tracked showed evidence there had been a formal multi-disciplinary review in the last year. At the meetings there had been discussion about the persons' progress. According to the records kept a representative from commissioning authority had been in attendance.

The people who used the service, who we were able to speak with, said if they felt unwell staff would call a doctor or other medical professions as necessary. There were some records regarding medical visits. However, the provider might like to note, within the records we inspected, there was not always a record when the person last saw a dentist or optician. For example, one person saw a dentist in October 2012 and the report stated the person should attend a further appointment in six months. There was no evidence an appointment had been received or the person had attended this. There should be information within the person's care plan whether people need or want this assistance, and as appropriate, when the person last saw each practitioner.

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

We inspected Drakes Place's medication policy and this was satisfactory. We inspected how the medication system operated in Squirrel Park and The Oaks.

Each of the houses, within the service, had a dedicated medication cupboard and a refrigerator. All medication was stored in locked cupboards. There were satisfactory storage and recording arrangements for controlled medication. There was a refrigerator for medication, which needed to be kept below room temperature. A system was in place to monitor the temperature of the refrigerator.

We spoke with some people who used the service about the administration of their medication. The people we spoke with said they received their medication on time. Nobody raised any concerns about the management of their medication.

Storage arrangements were tidy and organised. Administration records were clear and fully completed. Stock levels of medication currently required were satisfactory for example there was no excessive stock. The home had an audit system to account for medication which was received, or medication which left the building for example if a person moved on. A suitable record system to return medication to the pharmacist was kept.

Staff told us they only administered medication if they had received suitable training to complete this task. We checked records of training received and records showed that all staff had received training regarding medication.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The service is registered to provide personal care and accommodation for up to 27 people who had a learning disability and /or a physical disability. The service could also provide personal care to people in the community.

The service was made up of three distinct buildings. The Main House, which provided care and support to up to 15 people with a physical and/or learning disability. Some people had cerebral palsy. Squirrel Park provided care and support for up to seven people. Most of these people had profound learning disabilities, some of whom had behaviours which could be deemed as challenging. The Oaks provided support for up to five people who had a physical disability and some of whom had a learning disability. There was an outreach service Voyage Options, which provided support to three people in their own homes. Voyage Options was not inspected on this occasion.

Accommodation in the Main House was on two floors connected by a staircase and a passenger shaft lift. Squirrel Park and The Oaks were purpose built one storey buildings. Each of the homes had a garden, which was accessible to people who used the service. There was car parking for people who used the service, visitors and staff.

Each of the houses had satisfactory shared space available for people. For example the Main House had two shared lounges and a separate dining room. Both The Oaks and Squirrel Park had large lounges and dining rooms. There were televisions and radios in the lounges of each home. Each house had its own kitchen area. There were shared bathroom facilities in each of the houses.

People who used the service had their own bedrooms. The majority of bedrooms had en suite accommodation (a toilet, a wash hand basin, and a bath or wheel chair accessible shower).

Bedrooms could be personalised according to individual wishes and needs. Where possible people could, for example, bring in their own furnishings and belongings. Most of the bedrooms we saw were pleasantly decorated and furnished. Some bedrooms, for example if the person had behaviours which could challenge the service had limited

contents. We judged this was appropriate due to the persons' needs.

The home had a swimming pool, which could be used by people who used the service. However the facility had not been in use since November 2013. The registered manager said repairs and staff training would be completed in the next month and the facility could then be used again.

The people we were able to speak with said they could spend their time in their bedrooms or in the lounges as they wished. Some people who had severe learning disabilities and/or behavioural difficulties required staff to be with them during the day. These people generally spent time in the communal areas and we judged this appropriate.

We checked what health and safety precautions were in place to ensure the home was safe. The fire authority had visited the home and assessed the home as having satisfactory fire precautions in place. We inspected records which demonstrated satisfactory checks were completed to check the fire equipment was operating effectively. The fire authority had assessed a satisfactory fire safety risk assessment was in place. We were shown maintenance contracts were in place to maintain and service the fire system and fire extinguishers.

There were satisfactory records that portable electrical appliances, and the home's electrical circuit had been tested and deemed safe. The registered manager provided us with records to demonstrate gas appliances had been serviced and were deemed as safe.

We saw evidence that all moving and handling equipment such as the passenger lift, hoists and stand aids had been serviced. There was a system of health and safety risk assessment, and this included a comprehensive system to minimise the risk of Legionnaires' disease.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We observed care practices in the three houses and we had no concerns about how staff worked or responded to people's needs.

We inspected the staff rota to check what staff were on duty. At the Main House there were four staff on duty from 8am until 4pm. There were three staff on duty from 4pm until 8:30pm. There was one waking night staff and one member of staff sleeping in overnight. The registered manager told us a Senior Support Worker was always on duty. The Main house provided care and support to up to fifteen people with a physical and/ or learning disability.

At Squirrel Park there were four staff on duty from 8am until 4pm. There were three staff on duty from 4pm until 8:30pm. There was one waking night and one member of staff sleeping in overnight. The home provided care and support for up to seven people most had profound learning disabilities, some of whom had behaviours which could be deemed as challenging.

At The Oaks there were three staff on duty from 8am until 6:30pm. There were two staff on duty from 4pm until 8:30pm. There was one waking night member of staff.

One of the staff members on duty between Squirrel Park and The Oaks was deemed an acting senior support worker to organise and lead the shifts. We were told there was a cook. The registered manager was not required to complete shifts.

Staffing at Voyage Options, which provided support to three people in their own homes, was organised according to the needs of people who used the service. The registered manager told us one person required two staff to support them at all times during the 24 hour period. The two other people had staff support arranged on a sessional basis to meet their needs. We did not inspect this part of the service.

The people who used the service that we were able to speak with said staff were respectful and responded appropriately if they needed assistance. People said they did not feel rushed when they needed help. However there were some comments from people who said staff shortages from time to time prevented activities occurring which

disappointed them. Staff rotas showed most shifts were filled if there was sickness absence.

The staff we spoke with were positive about the support provided. One person said staff had "a good rapport with service users" and another person said people in the team were very "dedicated".

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

Our judgement

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.

Reasons for our judgement

We checked staff training and supervision records to ascertain if staff working at Drakes Park had appropriate support to carry out their jobs.

We were provided with a summary of the training received by the staff team. This summary outlined what training individual staff had received and when.

According to the training summary the care staff were required to attend training regarding fire safety awareness, responding to difficult or challenging behaviour, manual handling, medication, first aid, epilepsy, adult safeguarding (an awareness of abuse, and what people need to do if abuse was suspected), health and safety, food hygiene and infection control.

According to the records we were provided with, all of the staff had received this training. However, the training records showed a minority of people required to attend some further training to update previous training they had received.

The staff we spoke with said they felt the training they received was to a good standard. However, some people said there was too much emphasis on e-learning rather than face to face training. Staff said it was good to have the opportunity to discuss care practise and to share ideas.

The staff we spoke with said they had received induction training when they started to work at the home. This included completing required on-line training and shadowing more experienced staff until the person was confident to carry out their role. Personnel records which we inspected had a record of staff induction.

The staff members we spoke with said they received appropriate levels of one to one supervision with a senior member of staff. Supervision is a process where the member of staff meets with a more senior member of staff. At the meeting there is a discussion about the person's performance, support and advice, and any training and development needs. The staff we spoke with said management and supervisory staff were supportive and they could ask them for assistance as necessary. According to the ten personnel files we

assessed, all of these staff had a record of receiving supervision at least since August 2013 (although the majority of these staff had received supervision since November 2013.)

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.

Reasons for our judgement

People who used the service did not comment on the records kept about their care.

During the inspection we assessed care records, and other records such as training records and health and safety records.

All records inspected, unless otherwise stated, contained comprehensive information. Records we inspected were regularly reviewed and updated. The service had a comprehensive set of policies and procedures which were accessible to staff members.

Staff said they could access records as necessary. For example, care plans were stored in the relevant office in each of the houses.

The service had a comprehensive set of policies and procedures which were accessible to all staff members.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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