

## Community Access Network

# Community Access Network – 85 Drove Road

### Inspection report

85 Drove Road  
Swindon  
SN1 3AE  
Tel: 01793 635560  
Website:

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

85 Drove Road is a care home service registered to provide personal care for up to 3 people who have learning disability.

The inspection was unannounced and took place on 19 and 22 June 2015.

The service had a registered manager who was responsible for the day to day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home, a semi-detached house with an enclosed rear garden and parking to the front, was situated on a busy main road on the edge of the town with some shops, and a bus stop close by.

# Summary of findings

Staff were provided with clear lines of responsibility and accountability. The staffing allocation was usually one member of staff on duty at any time. If a member of the permanent staff was unable to work a shift, the service used its own staff to provide cover. If that was not possible agency staff were used only as a last resort.

The service did not have policy and procedure in place when deploying agency staff to ensure they had the necessary qualifications, competence, skills and experience. We did not see a full set of records on risk management and the actions staff should take in emergency situations. This was a breach of Regulation 12 (1) (b) (c) (d) of the Health and Social Care Act (2008) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had systems in place to keep up to date with best practice and to promote improvement and development. The registered manager said there were very few accidents and incidents and they knew about any that had occurred. This was confirmed by the information the registered manager gave us and records that we read.

The service had arrangements in place to ensure people were protected from abuse. Staff showed good understanding and attitude towards safeguarding. Each person who uses the service had their own personalised support plan which promoted their individual choices and preferences.

People went out into the community to enjoy leisure time and also to attend health appointments. People who use the service were involved in doing household tasks such as: shopping, cleaning, gardening and laundry. On inspection, most communal areas of the house were clean and tidy; some areas were very dusty and needed to be cleaned.

People and their family members were complimentary about the service. There had been no complaints since our last inspection in June 2014. One relative said they thought the service was caring and well led. People said they felt safe and happy living at 85 Drove Road. They said they were pleased with the service and if they needed to raise an issue they felt confident that they would be listened to and their concern would be acted on.

The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so.

We found that the service obtained people's consent before care and treatment were provided. There was understanding of how to carry out assessments of capacity to follow the MCA best interest decision making process in circumstances when people lack the capacity to give consent. People signed to say they agreed to their support plans, risk assessments and other documents such as positive behaviour support plans. However, there were no records of the service's assessments of people's capacity to agree to these important decisions. We have made a recommendation about this.

We observed that staff acted in a caring, respectful way. People who use the service were helped to make choices and decisions about how their care was provided and how the service was run.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe

Some individual and generic risk assessments were in place but some lacked necessary detail and others were missing. A full set of contingency plans was not in place.

The service did not have policy and procedure in place when deploying agency staff to ensure they had the necessary qualifications, competence, skills and experience.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Requires Improvement



### Is the service effective?

The service was effective.

The service gained people's consent before providing day to day care and treatment. There were no records of the service's assessments of people's capacity to consent to their accommodation and care. This included some support plans that placed restrictions on people.

Staff received training, appraisals and supervision to support them in their work.

People had access to food and drink throughout the day and were provided with necessary support with food and drink preparation.

People were supported to access healthcare services.

The premises were suitable.

Good



### Is the service caring?

The service was caring.

Staff members had built caring relationships with people; their approach was warm and calm and put people's needs first.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

Good



### Is the service responsive?

The service was responsive.

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

Good



# Summary of findings

The service had not received any complaints, but people were confident if they needed to complain or raise an issue, they would be listened to and the matter would be acted on.

The care provided enabled people and their families to participate in decision making and to make choices.

People were supported to have activities and interests in the community.

The service had effective systems in place to share information with other services.

## Is the service well-led?

The service was well-led.

The service had effective quality assurance and information gathering systems in place.

The service had effective systems in place for keeping up to date with best practice, and promoting improvement and development.

The registered manager had frequent direct contact with people who use the service and their relatives, and with staff members. They were therefore able to seek and receive frequent feedback.

The service acted on feedback to improve and develop.

Staff members said they felt valued and that the service was well-led.

**Good**



# Community Access Network – 85 Drove Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out this inspection which took place on 19 and 22 June 2015, and was unannounced. Before the inspection we reviewed the information we held about the service and read previous inspection reports.

People living in the home were able to tell us what they thought of the service. We observed the care provided to

people who use the service to help us understand their experiences. We spoke with the registered manager, two support workers, one relief worker two relatives and two people who use the service.

We reviewed three care plans and their associated risk assessments and records. We analysed two staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, cleaning schedules, surveys, policies and procedures, medication records, generic risk assessments and staff rotas. We also reviewed the complaints and incident and accident records. In addition we reviewed the daily records made by staff and also records such as team and residents' meeting minutes. We looked around the premises and observed care practices throughout the day.

# Is the service safe?

## Our findings

People's health and safety were promoted by a safe environment. Staff and people who use the service informed us that cleaning responsibilities were set out in the cleaning schedules. People who use the service took an active part in the daily household tasks. On inspection, most communal areas of the house were clean and tidy; some areas harder to reach were dusty and had cobwebs. The registered manager said people were supported to do household tasks and that ultimately the cleanliness of the premises was the responsibility of the staff members. They agreed that some areas of the house needed to be cleaned and that the bathroom toilet seat needed to be replaced.

Staff members told us they followed the guidance set out in personal care plans and risk assessments. This helped to protect people from risks associated with their care. Staff kept daily records and communicated any changes in people's needs or concerns about care provision to each other. This was done both verbally and through a communication book. Staff were also updated in regular team and supervision meetings. This meant that staff were quickly aware of any issues or changes in relation to providing appropriate, safe care.

We noted that some people's risk assessments lacked detail such as: the timing and nature of de-escalation interventions, what precautions to take and what actions to take if for example: somebody did not return home or it was not possible to calm someone's anxiety. However, staff members, many of whom had worked at the service for several years, knew the people very well. Therefore, although information may not be written in the risk assessment, they knew what action to take to reduce risks and also how to defuse and avoid situations of potential risk. However, agency and some relief staff did not know people equally well. Staff members and the registered manager agreed that risk assessments and care plans needed to be updated. This intention had been recorded in the team meeting minutes of April 2015.

Records showed that up to date tests had been carried out on electrical and fire safety equipment and that the fridge temperature was checked on a daily basis. We found that bleach was kept in an unlocked cupboard in the kitchen. We also found that foodstuffs were not labelled with a date on which they were opened. The manager said that these matters would be rectified immediately. We noted that the

door to the garage which contained dangerous substances and equipment was unlocked but were informed that it was always locked when staff were out. We noted that the door to the office was open; it contained the medicine cupboard key, records and cleaning substances. We were informed that it was only open to facilitate the inspection and it would otherwise be locked.

The service did not have a full set of contingency plans in place. The staff members we spoke with were unsure of what to do in all potential emergencies. Similarly some generic risk assessments about the premises were not in place. Missing risk assessments included keeping the office door and the door from the kitchen to the garage locked, locking the kitchen door at night and also safe storage of knives. Permanent staff members we spoke with were aware of what to do, but risk management records did not adequately instruct relief and agency staff who may not have the same level of knowledge.

The lack of complete risk assessments and contingency plans meant that the service did not do all that was reasonably practicable to mitigate risks to people. This was a breach of Regulation 12 (1) (2) (b) (d) of the Health and Social Care Act (2008) Regulations 2014.

The registered manager said agency staff were used only as a last resort and had been used eight times in the past year. Staff were provided with written guidance on what to do if it became necessary for them to find a member of staff to work the following shift. The registered manager said they took precautions which they had personally devised to make the deployment of agency staff as safe as possible.

These precautions included where possible using the same workers from one agency for consistency. The registered manager said that seven of the eight shifts covered by agency staff in the last year had been by the same person. The registered manager said they read the agency workers' profiles to find out whether appropriate checks had taken place to ensure the individuals had the correct qualifications and experience. Also the registered manager said they would try to interview the agency worker before they carried out a shift. If they were unable to do this they would attempt to meet them at the service prior to the shift.

We noted that the agency worker who covered seven of the eight shifts did not have training in medication management which was an essential part of the job. We

## Is the service safe?

were informed that the service did not have a policy and procedure document on the use of agency staff. This was a breach of Regulation 12 (1) (2) (c) of the Health and Social Care Act (2008) Regulations 2014.

The service had arrangements in place to protect people from abuse and avoidable harm. Everyone we spoke with said they felt safe at 85 Drove Road. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Care staff were aware of the service's safeguarding and whistle blowing policies and procedures, and said they felt confident to report any concerns or risks and that these would be acted upon.

Individual medication administration records we saw showed that people were being given the correct medication, as prescribed, in a safe way.

People were protected by a safe recruitment system which meant that the provider had obtained information to make judgements about the character, qualifications, skills and experience of permanent and relief staff. The recruitment processes provided proof of identity and qualifications. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

The staff rotas showed that there were enough staff on duty to promote safe care. Staff members told us that there were always sufficient staff on duty to provide the care and support that people needed. We observed that staff responded to people's needs in a timely and unrushed manner.

The service had an accident and incident reporting system in place. We found that most staff were aware of how to report incidents and accidents. The registered manager said there were very few accidents and incidents. This was confirmed by records that showed three incidents had taken place in the last year. The registered manager said they were made aware of any incidents and that a central record and audit were kept so that learning could take place as necessary. The registered manager said they took action to prevent incidents from reoccurring. Action taken had included: discussion with the individuals, referrals to the psychology service and the Community Team for people with a Learning Disability (CTPLD).

We saw a record of one incident and noted it had not been referred to the safeguarding team. The registered manager informed us this was because the individuals concerned made the decision not to do so. However, the service was transparent about the incident and discussed it with the CTPLD shortly after it occurred.



# Is the service effective?

## Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the registered manager and staff were aware of their responsibilities under the MCA. The registered manager showed us how he had sought advice from the Local Authority MCA lead when there were concerns about people's capacity to agree to restrictions placed on them. These restrictions affected for example people's freedom of movement and management of their finances; they were in place as part of positive behaviour and risk management plans. Other decisions included whether people were safe to be left alone in the house and whether safeguarding alerts should be made following incidents of aggression by others.

The inspector was informed that the people who currently use the service are able to give their consent to reside at 85 Drove Road and to make all decisions about their care. However, there were no records of the service following the MCA Code of Practice guidance to carry out necessary assessments of people's capacity to make these decisions. We have made a recommendation about this.

85 Drove Road provided suitable induction and on-going training to staff members. Permanent staff members had all attained a National Vocational Qualification at level two in health and social care. Mandatory training included: first aid, fire safety, managing behaviour that challenges, safeguarding and medication administration.

The care plans provided information on people's communication needs and guided staff on how effective communication may be achieved.

The staff we spoke with said they were happy with their current supervision, appraisal and team meeting arrangements and that they usually had access to on call management support by phone. We noted from supervision and team meeting records that the service had processes in place to promote staff development and to enable them keep up to date with good practice.

People had access to sufficient food and drink throughout the day and were encouraged to have a healthy diet of fresh food and to make their own food choices. Staff support was provided where necessary; however people were enabled to be independent with food and drink preparation where possible. We were informed that the evening meal was usually a social occasion when everyone sat together to eat. People were very involved in choosing meals for the menu; recipe picture cards were used to help with the selections. Some people used the computer to write up and print the week's menu. People could choose alternatives if they did not like what was on the menu. People told us that the food was nice. One person said that they had had a "nice chicken pie" for dinner the previous night which they had made from scratch with help from staff. Another person said they made their own snacks and drinks and helped with cooking.

Staff members were very aware of the need to help people have access to health services. The service used health action plans to promote people's health and well-being. We saw one person approached staff with confidence when they had a health issue. People were assisted to make appointments with health professionals and were supported as necessary by staff to attend.

The premises had the feel of a family home. Each person had their own room that was personalised with their own furniture and belongings. Everyone had a key to their room; staff did not enter without the person's permission. One person showed us their newly decorated room; they had chosen the décor and were very pleased with the result.

**We recommend the service seek advice on the implementation of the MCA especially in relation to making records of necessary assessments of people's capacity to make decisions.**



# Is the service caring?

## Our findings

All the people described staff as, caring and respectful. They said that their privacy and dignity were promoted and that staff always knocked before entering their rooms, and asked before they carried out care. One person said that staff always asked before providing any care and added, "But I do a lot by myself."

People's comments showed that staff members knew the people who use the service very well. We observed that staff member's approach to people was respectful and warm.

One person said that they trusted the staff. Another person said that staff were kind.

Staff told us that they had built good relationships with people. One member of staff that they got to know people by reading their care plans, and by listening carefully to

what people said. They added that it was important to know what people did and did not like and not to rush them. They said it was important to have a patient, consistent and relaxed approach.

We noted that staff were aware of the importance of protecting people's confidentiality and said they did not talk about people outside of the service. The permanent staff we spoke with showed detailed knowledge of people's care needs and of what they should and should not do in order to promote people's safety and well-being.

We could see from the way that people spoke and interacted that they felt confident with and respected by staff. People said they were provided with enough information.

The registered manager was aware of advocacy services and informed us of how the service itself had advocated for people when necessary.

# Is the service responsive?

## Our findings

The care manager explained that an assessment would be undertaken for any person who came to live at 85 Drove Road. However, as everyone had been there for a number of years it has not been necessary for the service to undertake any assessments recently.

The service sought to meet people's changing needs and to promote their independence. Each person who uses the service had a person centred care plan. Care staff had a good understanding of person centred care; they said it was based on meeting people's individual needs. One person said it was also, "Remembering the little things." The care plans evidenced that staff sought to provide care in accordance with people's individual preferences and promoted their choices. People said they were able to make their own choices such as when to get up and go to bed, what to wear, when and what to eat and what activities to do. We noted that people were enabled to write in the daily records and that they chose what they wanted to say.

We noted that permanent staff were aware of each person as an individual and were able to describe each person's preferences and routines. The registered manager said that, "The challenge for us is to understand the behaviour" this showed a person centred and positive approach to providing care.

Everyone we spoke with said that there was enough to do in the home and that they also joined in activities in the

community. One person attended a local day service five mornings per week. People were able to go out on their own in accordance with risk management plans to for example go shopping or for a walk. People were enabled to go on holiday and told us they were looking forward to this year's vacations. Some people invited their friends to the home to have a hot drink or to stay for dinner. Sometimes people had parties at the home. Carers told us that sometimes people would choose to have days out, visit their family or go to a football match. One person said they enjoyed gardening and that one member of staff was teaching them to play the guitar.

There was a system in place to manage complaints. There had not been any complaints since our last inspection in June 2014. Family members informed us that staff members were approachable and, although they had not had cause to raise any problems or concerns, they felt confident that they would be listened to if the necessity arose, and that action would be taken. People who use the service informed us that there was nothing to complain about but that they knew who to speak to if they had a concern and were confident about doing so. They said they felt included in decisions in their care about how the house was run. Promoting inclusion, care plans were available in an easy read format.

There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service.

# Is the service well-led?

## Our findings

The service worked in partnership with families and other key organisations such as the GP surgery, day care provider and the Local Authority. The service had clearly defined shared vision and values.

The registered manager said they and the staff made a point of frequently asking people and their relatives about their well-being and views on the service. People's comments about the staff were positive; they knew who to talk to. They said people were easy to talk to and that they listened.

There were effective processes to seek feedback on the service from all relevant persons. These included: surveys, residents' meetings and quality assurance visits by the director. People who use the service knew the director's name and said they would contact them if they wanted to. This showed people were confident about airing their views and knew they could speak to someone outside the home if they wished.

The staff expressed the view that they were well supported and valued and that the service was well-led. Staff said they felt confident to air their views and that these were acted upon. Many similar comments showed that the service had created a culture that promoted openness and team work. One member of staff said, "Everybody's pretty open here" and added that permanent staff worked well as a team in an consistent way which promoted people's safety and well-being. Staff informed us that the same consistency was not always present when agency or relief staff were on duty. For example, a person had persuaded an agency

worker to give them their bank book which was not part of the care plan. Further examples were that agency workers told people when to go to bed or they spent too much time in the office and not enough time with people who use the service. However, staff informed us that people had the confidence very quickly to report any concerns they may have.

Team meeting minutes showed that the service consistently monitored and accommodated people's day to day needs as well as promoting their independence and choices. For example the minutes showed that staff agreed to enable one person to research and book their holiday in order to promote choice as well as responsibility taking. Other examples included approaches to positive behaviour management such as reminding and preparing people in advance, using negotiation, praise, and positive language. Other examples involved practical solutions such as, with people's agreement, installing a water dispenser in the sitting room.

The registered manager raised feedback gained from: team meetings, house meetings and supervision meetings at the regular managers' meeting with the director. The registered manager said these meetings were used to keep up with and promote good practice for example, the new Fundamental Standards of care and understanding of the MCA. We were informed that other developments and improvements the registered manager hoped to achieve included refitting the bathrooms. Other staff said they would like to have more opportunity to take people out for longer as often trips out were time limited to one and a half hours- this usually being the longest time the member of staff on duty could be safely away from the house.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service provider did not effectively assess and take all practicable steps to mitigate risks to the health and safety of people who use the service. Nor did it have fully effective systems in place to ensure that agency staff who provided care had the necessary qualifications, competence, skills and experience to do so safely.</p>