

The Drive Care Homes Limited

The Drive

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 September 2016 and was unannounced. The Drive is a care home which provides accommodation and support for up to twelve people with learning and physical disabilities. There were nine people using the service at the time of our inspection.

At the time of our inspection, there was no registered manager in place. 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 previous registered manager had stopped working for the service in April 2016. The current manager confirmed they were in the process of applying to become registered.

At our previous inspection on 09 October 2015 we found a breach of regulations because risks to the health and safety of people were not always properly assessed. We asked the provider to take action to make improvements in this area, and this action had been completed.

At this inspection we found a breach of regulations because people's medicines were not managed safely. One person's medicines had been incorrectly administered during the previous month but the error had not been recorded on their medicines administration record (MAR). We also found that the temperature of the medicines storage area had exceeded the maximum safe temperature for the storage of medicines, but this had not been identified or acted upon. You can see what action we told the provider to take at the back of the full version of the report.

Risks to people had been assessed and action taken to manage risks safely. The provider undertook appropriate recruitment checks before staff started work at the service and there were sufficient staff on duty to meet people's needs safely. Staff were aware of the importance of seeking consent from people when offering support. We saw examples of mental capacity assessments having been conducted and specific decisions made in people's best interests where they lack capacity, although improvement was required to ensure mental capacity assessments were reviewed on a regular basis in line with the requirements of the Mental Capacity Act.

People were involved in making day to day decisions about their care. They had care plans in place which reflected their individual needs and views. The provider had a programme of improvements in place and conducted a range of checks and audits. However improvement was required because checks on people's MARs had not identified inaccuracies in recording, and because checks had not identified inaccuracies in the recording of freezer temperatures in the kitchen.

People were supported to access a range of healthcare services when required. Staff received regular training and supervision in support of their roles and spoke positively about the leadership of the service. The provider held regular staff meetings to help ensure the smooth running of the service.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and knew the action to take if they suspected abuse. Staff were aware of the provider's whistle blowing policy and told us they would escalate any concerns they had if necessary. The provider and manager were aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made authorisation requests to deprive people of their liberty where it was in their best interests.

People were treated with kindness and consideration by staff. They were supported to maintain a balanced diet and told us they enjoyed the food on offer at the service. Staff respected people's privacy and treated them with dignity. The provider and manager sought people's views through key worker sessions, service user meetings and an annual survey. People and relatives spoke positively about the provider and told us they knew how to raise concerns if they had any. They also told us they had confidence that the provider would take action to make improvements in response to any issues they raised.

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 always safe.

Medicines were not always safely stored and medicines administration had not always been accurately recorded.

Risks to people had been assessed and action taken to reduce risk to people.

Staff were aware of the potential signs of abuse and the action they would take if they suspected abuse had occurred.

The provider had undertaken appropriate recruitment checks on staff before they started work. There were sufficient staff deployed within the service to safely meet people's needs.

Requires Improvement ●

Is the service effective?

Improvement was required to ensure the service was Effective.

Staff sought consent from people when offering them support. The provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and told us they acted in accordance with this legislation. However, improvement was required to ensure mental capacity assessments were reviewed on a regular basis.

Staff were supported in their roles through regular training and supervision.

People were supported to maintain a balanced diet and enjoyed the food on offer at the service.

People were supported to access a range of healthcare services when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness and consideration.

Good ●

Staff were aware of the importance of respecting people's privacy and treating them with dignity.

People were involved in day to day decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and delivered in line with their individual care plan. Care plans included details of people's views and the things that were important to them.

People were supported to take part in a range of activities.

The provider had a complaints policy and procedure in place. People and relatives were aware of how to raise concerns and told us they had confidence that any issues they raised would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had systems in place to monitor the quality and safety of the service but improvement was required because checks on people's medicines administration records and on freezer temperatures in the kitchen were not always effective.

People and staff spoke positively about the management of the service.

The provider sought feedback from people through key worker and residents meetings, and through an annual survey.

The Drive

Detailed findings

Background to this inspection

We undertook an unannounced inspection of The Drive on 27 September 2016. 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.

Before our inspection we reviewed information we held about the service including notifications received from the provider about accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for commissioning the service and asked them for their views. We used this information to help inform our inspection planning.

The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke to two people, four relatives, five members of staff, the manager and the provider. We reviewed four people's care plans, four staff recruitment files and other records relating to the management of the service including staff training and supervision records, and records of audits and checks undertaken by the provider. We also spent time observing the care and support people received from staff.

Is the service safe?

Our findings

At our last inspection on 09 October 2015 we found that improvement was required because the administration of people's medicines had not always been fully recorded. At this inspection we found that medicines had not been managed safely. Whilst the specific issue identified at the previous inspection had been addressed, there were still omissions in the recording of people's medicines administration which placed people at risk.

People's Medicines Administration Records (MARs) included a copy of their photograph and details of any known allergies to reduce the risks associated with medicines administration records. The MARs had been completed by staff to confirm that people had correctly received their medicines at the prescribed times. However, we reviewed a separate incident and accident form which stated that one person had received a dose of some of their medicines twice during one day in the last month. This misadministration had not been recorded on their MAR, placing the person at risk should a healthcare professional have needed to review this information in an emergency on the day of the incident.

Records showed that staff undertook regular temperature checks of storage areas. However the temperature checks made during the previous month showed that there had been three occasions when the temperature had slightly exceeded the maximum safe temperature for the storage of medicines. The form used to record the temperature checks had not been completed to indicate that any action had been taken to address these high temperatures at the time and one staff member we spoke with was not aware of the maximum safe temperature for medicines storage. This meant people were at risk of receiving medicines which were unsafe or ineffective because staff were not always aware of the need to take action where safe temperatures had been exceeded.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We spoke to the manager about these issues. They confirmed that the staff member responsible for the misadministration of one person's medicines was not currently working at the service but would not be administering medicines until they had undergone retraining and been reassessed as being competent to do so. The manager also told us that they would discuss the monitoring of the temperature of the storage area with staff at an upcoming staff meeting. However we were unable to check on the outcome of these actions at the time of our inspection.

We found that medicines were stored securely in a locked medicines trolley that was kept in a secure medicines storeroom, only accessible to named staff each day.

At our last inspection on 09 October 2015 we found a breach of regulations because areas of risk had not always been assessed, and risk assessments had not been reviewed in response to incidents to ensure they were reflective of people's current needs and situation. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following the inspection the

provider wrote to us and told us how they would address these concerns.

At this inspection we found that improvements had been made and that appropriate risk assessments and management plans were in place to keep people safe. Risks to people had been assessed in a range of areas including moving and handling, medicines, falls, money management and nutrition. Where risks had been identified, we saw guidance was in place for staff on how to reduce the level of risk in order to support people safely. We saw risk assessments were reviewed on a regular basis, in line with the provider's policy, and following any incidents. For example, one person's falls risk assessment had been reviewed following a recent fall to ensure it was up to date and accurate.

Staff we spoke with were aware of the areas of risk to people and could describe how they worked to manage risks safely in line with people's individual risk assessments. For example, one staff member was aware of the guidance in place for one person when supporting them in the community. In another example we observed staff preparing one person's meal in line with risk assessment guidance to reduce the risk of them choking.

People and relatives we spoke with told us they felt safe at the service and that they were happy with the support they received. One person told us, "I'm safe here." A relative said, "I visit regularly and feel [their loved one] is quite safe." Another relative commented, "Yes, I think they [people] are safe."

There were arrangements in place to deal with foreseeable emergencies. People had Personal Emergency Evacuation Plans (PEEPs) in place which gave guidance to staff and the emergency services on the level of support people required to evacuate safely from the service in the event of an emergency. Records showed that regular fire drills had been conducted at the service to ensure that all staff were aware of the action to take in the event of a fire. Staff we spoke with confirmed they had received fire safety and first aid training and knew the action to take in the event of a fire or medical emergency.

The provider undertook appropriate recruitment checks on new staff before they started work at the service. Staff files contained completed application forms which included information about each applicant's qualifications, employment history and fitness to work. Details had also been provided to explain any gaps in each staff member's employment history, and we saw references had been obtained and criminal records checks made to ensure staff were of good character.

People and relatives told us there were sufficient staff to safely meet people's needs. One person told us, "They [staff] help me when needed." A relative said, "They are enough staff on duty to keep people safe." Another relative commented that they felt there were sufficient staff to support people where needed with day to day activities such as washing, dressing or at meal times, but that more staff would enable them to undertake a wider range of activities. Staff we spoke with told us there were sufficient staff on duty to meet people's needs. One staff member said, "It would always be good to have more staff on duty, but we're able to meet people's needs." Another staff member told us, "I think there are enough staff on duty during each shift. The residents are safe."

We observed there to be enough staff on duty to support people safely throughout the day of our inspection. Most people using the service went out during the day but we saw staff on hand and ready to support people promptly when required. We noted that one to one support was in place for people where required and that staff accompanied some people when they went out to support them at college.

There were procedures in place to protect people from the risk of abuse. Staff received annual refresher training on safeguarding adults. They were aware of the different types of abuse which could occur in a care

setting and the action to take if they suspected abuse had occurred. Staff were aware of the provider's whistleblowing procedure and told us they would use this if they felt action was not taken in response to a safeguarding concern. One staff member said, "I would always report any concerns I had to my manager but if I didn't think my concerns were being acted upon, I'd call the local safeguarding team."

There was an ongoing safeguarding investigation taking place at the time of our inspection which the provider had previously notified CQC about as required under the regulations. Because the investigation was ongoing, we were unable to check on the outcome of this investigation at the time of our inspection but we will monitor the service and report back on the outcome following our next inspection.

Is the service effective?

Our findings

People told us they enjoyed the food on offer to them at the service and that their nutritional needs were met. One person told us, "The meals are nice." Another person commented, "I enjoyed my breakfast." A relative we spoke with said, "I've not eaten there but it looks good and I've not heard any complaints." Another relative also told us that they thought staff had made appropriate changes to their loved one's diet when they had put on some weight.

Staff told us, and records confirmed that people were involved in making decisions about the menu on offer within the service. We noted that people were able to eat at their preferred times and that fresh fruit and vegetables were available to ensure people maintained a balanced diet. Staff we spoke with were aware of any specific dietary needs people had and confirmed that they prepared their meals accordingly. We observed staff being on hand and ready to support people to eat and drink where required and noted that the support they offered was relaxed and unhurried.

Staff told us that they underwent an induction when starting work at the service which had included time spent reading policies and procedures, shadowing more experienced colleagues and completing a range of training areas considered mandatory by the provider. Records showed that staff had received training in areas including moving and handling, nutrition, infection control, safeguarding, health and safety, and first aid. This training was refreshed on a regular basis, in line with the provider's policy to ensure staff remained up to date with best practice. One staff member told us, "I've had a lot of training and I feel I know how to support the people living here."

Staff also told us, and records confirmed, that they received supervision on a regular basis, and that they felt well supported by the manager. One staff member told us, "Supervision is helpful. I can discuss feedback from my key worker sessions as well as any issues I might have." Another staff member said, "The manager uses supervision to remind us of key policies and procedures. For example, we talked about whistle blowing during my last supervision session." The manager told us that she was planning to undertake annual appraisals with staff once she had been in post for a sufficient amount of time. We were therefore unable to check on this at the time of our inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they sought people's consent when offering them support, and that they respected their wishes. One staff member said, "I always discuss things with people before I support them; if they decline my help, I respect that." Where people lacked capacity to make decisions about aspects of their care and treatment, staff demonstrated an understanding of how the MCA applied to their roles in order to make decisions on people's behalf in their best interests.

Records showed that Mental Capacity Assessments had been conducted with people on some specific decision making areas, for example where covert medicines administration may be required. Where people had been assessed as not having capacity to make a decision records showed how decisions had been made in the person's best interests, including details of any health or social care professionals involved in making that decision. However, improvement was required to ensure capacity assessments were subject to periodic reviews, in line with the requirements of the Mental Capacity Act 2005 Code of Practice. This was because there was a risk that people's ability to make decisions may have changed over time and a failure to review mental capacity assessments put them at risk of receiving care and support which was against their wishes.

Records showed that, where required, DoLS applications had been made for people using the service and we saw that some authorisations had been granted by the relevant local authorities. The provider had also taken action to follow up where authorisations were still outstanding to ensure that people were only lawfully deprived of their liberty. They told us they would comply with any conditions placed on people's authorisations, although we were unable to check on this at the time of our inspection as any identified conditions had not come into effect.

Relatives we spoke with confirmed that staff supported people to access healthcare services when required. One relative told us, "Staff have always supported [their loved one] to attend hospital appointments or have arranged a GP to visit when needed." Another relative said, "If [their loved one] has an appointment, they go with them; there have been no problems." On the day of our inspection one person told us they were concerned that their eyesight was getting worse, although they had not spoken to staff about the issue. We raised this with the manager and they arranged an optician's appointment for the person during the following week.

Records also showed that people received regular input from a range of healthcare professionals in order to maintain good health, including a GP, dentist and chiropodist. Additionally, each person had a hospital passport in place which provided key information to hospital staff when they attended appointments, including details of their medical conditions and appropriate methods of communication.

Is the service caring?

Our findings

People and relatives we spoke with told us staff treated them kindly. One person said, "The staff are nice." Another person told us, "The staff are friendly." A relative we spoke with commented, "People there are well looked after; the staff are caring." Another relative said, "I think the staff treat people well." We observed people to be relaxed and happy in the company of staff and noted that staff interactions with people were positive and engaging.

Staff were aware of the importance of treating people with dignity and told us how they worked to ensure people's privacy was respected, for example by closing doors and curtains when supporting people with personal care, or ensuring people's personal issues or concerns were discussed with them discreetly, in private. We observed staff knocking on doors before entering people's rooms and treating people in a respectful manner throughout the time of our inspection.

Whilst people we spoke with did not comment directly on privacy, relatives told us they thought that staff respected people's privacy in the way that they worked and that they had no concerns. We also noted that people's support plans had been developed to include a focus on respecting people's privacy whilst ensuring their safety was maintained.

People were involved in making day to day decisions about their care and support. Staff explained that they sought to give people choices wherever possible and that they respected the decisions people made. We observed staff acting on people's decisions on the day of our inspection. For example, staff supported one person by preparing their preferred choice of food during the day at a time of their choosing.

Staff we spoke with demonstrated a good knowledge of the people they supported. They were aware of people's life histories, their likes and dislikes, and the things that were important to them. For example, one staff member told us about one person's preferred daily routine, describing the things they liked to do for themselves and the things they required support with. We observed staff supporting the person in line with their preferences on the day of our inspection, for example by enabling them to independently manage aspects of their hot drink preparation.

Staff were aware of people's needs with regards to their disability, religion, sexual orientation and gender, and supported people accordingly in line with their identified needs and wishes. For example staff confirmed that they supported some people to attend church services when they wished to do so. The provider also told us that the service was able to cater for any cultural requirements people may have, although nobody had any specific requirements in that area at the time of our inspection.

Is the service responsive?

Our findings

People told us they were able to contribute to the planning of their through regular meetings with their key worker. They confirmed that these meetings enabled them to discuss their individual care and support needs and one person told us, "Staff will make changes [to the support they received] if I ask them to." Another person said, "They [staff] give me the help I want." A relative commented, "I've discussed [their loved one's] support plan with staff and they've made improvements; I suggested they take [their loved one] out more often and they've arranged this."

However, one person told us they were concerned that their key worker had been away from work which meant they had not been able to talk to them recently. We spoke to the provider about this and they explained they had made some changes to key worker arrangements within the service so that each person had a substitute worker if their regular worker was absent. Staff also spoke to the person in question on the day of our inspection to discuss their current needs with them. They confirmed they would address the areas discussed, although we were unable to check on this at the time of our inspection.

People had support plans in place covering areas including personal care, medication, eating and drinking, communication, night time support and money management. Support plans were person centred and included each person's views about their care and details about their preferred routines in the support they received. Staff we spoke with were aware of the information contained in people's support plans and told us they referred to them to ensure people's individual needs were met. We also saw appropriate communication tools in place for staff to use when seeking people's views on the support they received.

People were encouraged to maintain relationships that were important to them. Staff told us that people were welcome to have visitors when they wished, and this was confirmed by relatives we spoke with. One relative told us, "We can visit when we want and are here regularly." Another relative told us, "We're always welcome."

People were supported to undertake a range of activities including trips out, swimming and attending a local college. We noted that staff worked to respect people's wishes with regards to activities where it was possible to do so. For example, on the day of our inspection one person was due to attend college but decided they would rather go shopping in a local shopping centre so staff arranged this for them. Another person told us they had recently returned from a holiday which they had enjoyed and had been able to take with support from staff. Staff also confirmed that they promoted people's independence when supporting them, for example by prompting them with aspects of their personal care.

People told us they would speak to their key workers if they had any concerns about the service they received. Relatives we spoke with said that they would talk to staff or the provider if they had a complaint. One relative commented, "I've only ever had minor issues but these have been addressed when I've raised them." Another relative told us, "I know who to complain to and am confident they'd deal with any problems appropriately."

The provider had a complaints policy and procedure in place which included details on how a complaint could be raised, the expected timescales for a response and how concerns could be escalated if the complainant was unhappy with the outcome. The provider maintained a log of formal complaints and showed us evidence that they had attempted to resolve any concerns received appropriately, in line with their complaints procedure.

Is the service well-led?

Our findings

At our last inspection on 09 October 2015 we found that improvement was required because the provider had not undertaken any checks or audits on people's support plans which may have helped identify any issues or inconsistencies. At this inspection we found that the provider had implemented audits of people's support plans to ensure they were in good order. We noted that an improvement in people's support planning which indicated that the implementation of support plan audits had been effective. We also found that the provider undertook regular checks and audits in other areas including people's medicines, health and safety checks, and the monitoring of staff training needs.

However we found that further improvement was required because some of these quality assurance systems were not consistently effective in identifying issues and driving improvements. For example, we found that weekly checks made of people's Medicine Administration Records (MARs) had not identified inaccuracies in the recording of one person's medicines during the previous month, although this issue had been identified in an accident and incident report. We also found that checks made on the temperature of a freezer in the kitchen had been repeatedly recorded as being outside the required safe temperature range over a period of 10 days without this issue being picked up as a concern. We spoke to staff about this and they reset the thermometer which confirmed that the freezer temperature was within the required temperature range. The manager also confirmed that action was being taken with regards to the staff member who had made the medicines error, although they had not worked at the service since that time so we were unable to check on the outcome of this at the time of our inspection.

The provider told us they were continuously working to identify areas for improvement within the service. For example they had implemented a new support planning format which had made it easier to review and understand the details in people's care records. The provider also explained that they had implemented a programme of improvements to the décor within the service in response to people's feedback which had included redecorating the lounge and replacing the flooring. One person we spoke with commented positively about these changes.

There was no registered manager in post at the time of our inspection. The current manager confirmed that they were in the process of applying to become the registered manager. They demonstrated a good understanding of the requirements of the role and their responsibilities with regards to the Health and Social Care Act 2008.

People did not comment directly on the management of the service but presented as being comfortable and relaxed in the presence of the provider and manager. Relatives spoke positively about the management of the service. One relative told us, "The manager is very nice; I can talk to her. The staff work well as a team." Another relative commented positively about the transition arrangements following the departure of the previous registered manager and that they'd felt well informed about the changes. Staff also told us they had confidence in the new manager and that they thought the service was well run. One staff member said, "The new manager is very good; I can speak to her any time."

The service sought feedback from people through key worker sessions and regular residents meetings. Records showed the areas discussed at meetings included menu choices and mealtimes, options for activities and any concerns individual people may have had. The records also confirmed that people were happy with the service and the support they received from staff. The provider confirmed that they'd also sent out an annual survey to request feedback and this was confirmed by relatives we spoke with, although the responses had been limited. However one relative we spoke with told us, ""If we ask them [the management team] to make changes, they will."

The manager also held staff meetings to ensure staff were aware of their roles and responsibilities and to discuss the running of the service. One staff member told us, "We have monthly staff meetings where we're able to discuss areas that need improvement as well as any concerns we have. They're helpful and help us to work together as a team." Staff also told us, and records confirmed that they held handover meetings between each shift to ensure they were aware of any current key issues with the people they supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed.