

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Domiciliary care agency**

Drive Ltd

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Registered provider:	Drive Limited
Registered manager:	Karen Anne Gregory, Phil Craven, Claire Jones, Leigh Price, Geoff Wood
Category: e.g. Large agency (200 hours and over) Small agency (up to 199 hours) Supported housing	Supported housing and targeted care to: <ul style="list-style-type: none"> • People with physical disabilities • People with learning disabilities • People with learning disabilities and physical disabilities • People with learning disabilities and dementia • People with mental health problems • People with brain injury • Children and families
Dates of this inspection episode from:	12 October 2010 to: 2 December 2010
Dates of other relevant contact since last report:	
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Inspected by:	Karen Morgan
Lay assessor:	None
Other regions contributing to this report:	None

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 23B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the domiciliary care agency

Drive provides supported housing and targeted care to:

- People with physical disabilities
- People with learning disabilities
- People with learning disabilities and physical disabilities
- People with learning disabilities and dementia
- People with mental health problems
- People with brain injury
- Children and families

The agency is a private company limited by guarantee and has charitable status. Services are provided under contract in the areas of Bridgend, Merthyr, Monmouthshire and Rhondda Cynon Taff. The registered premise of the agency is located in Nantgarw in Rhondda Cynon Taff. The agency has a management board which includes representation from service users' and their relatives/representatives. The chief executive acts as the responsible individual for regulatory purposes. Due to the size of the organisation, there are 5 registered managers, each having a responsibility for a number of individual services within a locality.

Methodology

Information on which to base a judgement as to the effective operation of the agency was obtained from a number of sources. The provider completed a pre-inspection self assessment form. This, together with information already available to the Care and Social Services Inspectorate Wales (hereafter referred to as CSSIW), was considered and an inspection plan produced that identified the method and focus of the inspection. Particular attention was given during the inspection process to visiting a sample of service users at their homes, the agency's medication procedures, quality assurance procedures and staff training. The inspector also visited the agency's registered premises.

The experiences of people who are supported by the agency are a primary source of information upon which to determine the quality of the service provided. The inspector was pleased to have the opportunity to meet service users and staff at 2 tenancies and telephone consultation was undertaken with a further 2 service users at another tenancy.

Additional information to inform this report was obtained from:

- Examination of service user records maintained at the tenancies visited
- Discussion with the responsible individual and director of operational services during the inspection visit to the agency premises
- Postal questionnaires completed by 3 agency staff members
- Records made available at the visit to the agency premises

What the service does well:

- The inspector observed service users making choices about their day to day support and staff respecting and facilitating these choices
- Staff demonstrated that they had detailed knowledge regarding the care and support needs of service users living at the tenancies visited by the inspector
- Service users able to offer an opinion confirmed that staff are kind and helpful
- Staff who completed postal questionnaires confirmed that they felt supported and valued by management. Staff also confirmed that they are suitably trained for their

roles. The agency demonstrates a commitment to staff training and personal development

- There are comprehensive systems in place to consult with service users and their families/representatives. Drive demonstrates that it strives to operate a service that values the contributions from service users and their representatives. This is achieved in a number of ways which ensures engagement with individuals in a manner appropriate to individual ability
- Information submitted to CSSIW was comprehensive and additional information requested at the agency premises was readily available

How the service has improved since the last inspection:

- Good practice recommendations made at the previous inspection had been acted upon
- The agency had refined the medication procedures to take account of the outcomes of the previous inspection

What the service could do better:

The agency had reported a number of medication errors since the previous inspection was undertaken. The analysis of these errors by management and the management board of Drive concluded that the incidence of errors was not significant in terms of the number of service users assisted with medication and the complexity of the service. Analysis of each error post occurrence had been undertaken by management and apart from 1 instance, no discernible patterns were evident. Medication errors were highlighted as an area for improvement following the previous inspection and the management of the agency have given due consideration to how such errors may be reduced. It is evident that the agency continues to give considerable attention to how the management of medicines may be improved upon and that staff are supported and encouraged to be open about the reporting of medication errors. The agency should continue to reflect and act upon any further medication errors to minimize risks to service users and to support staff in this area of responsibility. Further areas for consideration for improvement in the management of medicines are detailed in the body of the report.

Consideration must be given to how the outcomes of consultation are brought together in a cohesive report which should be made available to service users, their representatives and other relevant parties

The inspector wishes to thank everyone who contributed to the inspection process.

User focused service**Inspector's findings:**

The agency is required to produce a statement of purpose and service user guide which outline the services provided by the agency. The service user guide is produced in an *easy to read* format. These documents were presented with the pre-inspection self-assessment and were noted to have been updated in September 2010. Copies of these documents were noted to be available on the service user files sampled by the inspector.

A sample of 3 service user files viewed at the tenancies visited contained an assessment of care and support needs. This formed the basis of the service delivery plan prepared by the agency and where possible, in discussion with service users. Service delivery plans viewed were comprehensive and stated the support required in sufficient detail and demonstrated an individualised approach to care and support. Evidence of regular reviews of service users' assessed needs was available on files viewed. Appropriate risk assessments were present in the files viewed.

Tenancy agreements outlining the terms and conditions for the provision of support were available in the files viewed by the inspector.

Three agency carers completed postal questionnaires for the purpose of the inspection. Responses demonstrated that staff are provided with information about the support and care needs of service users before a service commences; that appropriate training is provided and that staff are not asked to undertake tasks they feel they are not competent to perform. Staff spoken with at the tenancies visited by the inspector confirmed the above and that they felt service users were supported in a manner that maximised their individual ability to take decisions about their lives.

In respect of the continuity of the service, the provider self-assessment confirmed that the agency has suitable management information systems to ensure that sufficient personnel are available to meet contractual requirements.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Personal care**Inspector's findings:**

Drive supports in excess of 200 service users having a range of complex and diverse needs. The majority of care is provided to adult service users in 'supported-living' settings. Drive also provides targeted domiciliary care packages to individuals.

The service users visited by the inspector had limited or little communication skills and as such, were unable to comment on the quality of the service provided. Evidence for the ethos and principles of support provided was obtained by the inspector observing interactions between service users and staff at the tenancies. Staff were noted to be responding to service users in a sensitive and patient manner. Service users appeared relaxed in the company of staff who were able to speak with knowledge and clarity regarding the individual needs and preferences of the service users living at the tenancies. In one instance, staff were noted to be enthusiastically consulting with a service user about his forthcoming birthday celebration. Telephone discussion with 2 service users by the inspector indicated that the service users were happy with the support they received. One service user commented that staff were *all great and very good to me*. When asked to comment on what was best about the service, another service user commented that *it's good here*.

The procedures for administering medication to service users had been considered during the previous inspection of the agency, due to a number of medication errors that had occurred. Consequently, medication procedures had been revised and re-visited with staff.

The agency had appropriately reported a number of medication errors to CSSIW and the protection of vulnerable adult procedures since the previous inspection was undertaken. These errors had not resulted in significant harm to any service user. The responsible individual and director of operational services stated that an analysis of these errors had been undertaken by management of the agency. It was concluded that the incidence of errors was not significant in terms of the number of service users assisted with medication, the frequency that medication was administered and the complexity of the service. However, the responsible individual stated that all medication errors are taken seriously by the agency and an analysis of each error is undertaken in order to determine how errors could be avoided or minimised.

A post incident analysis of each error had been undertaken by management and apart from 1 instance, no discernible patterns were evident. It is noted that the agency continues to give considerable attention to how the management of medicines may be improved upon and that staff are supported and encouraged to be open about the reporting of medication errors. The agency should continue to reflect and act upon any further medication errors to minimize risks to service users and to support staff in this area of responsibility.

It was confirmed that there had been a significant amount of re-training of staff in recent months to ensure that they remained competent to administer medicines to service users. It was apparent that comprehensive audit procedures were in place in the tenancies visited by the inspector and that additional auditing processes had been initiated in tenancies where errors had taken place. It was evident that staff and the manager of one tenancy visited had instigated changes in the routine of administering of medicines to

minimize the incidence of staff distraction in the process. This demonstrates a proactive and positive approach to reducing the incidence of medication errors occurring.

The inspector was informed that since the previous inspection, the agency had engaged a pharmacist to comment on the agency's policies and procedures for administering medicines. The inspector was informed that this had resulted in the pharmacist concluding that robust procedures were in place. Training information was provided to the inspector for the staff working at the 3 tenancies involved in the inspection. This information confirmed that staff working at the tenancies had received medication training with a large number having refreshed this training in 2010.

The inspector viewed 3 service users' medicine records and a balance check of a sample of medicines was undertaken. No discrepancies were apparent with the balances held. Having reviewed a sample of service users' medication records at 2 tenancies, the inspector brought the following matters to the attention of the managers present:

- One medication record indicated that a staff member had signed the record for medication given, but that signature had been crossed out and replaced with another staff signature. No explanation was recorded on the medication record in this respect. The manager present during the inspection visit stated he would be undertaking an investigation into this matter
- Staff should ensure that a blister pack is empty before administering medicines from another blister pack
- Consideration should be given to retaining a staff signature list to identify the specific signature of each staff member. Some signatures viewed were very similar and a signature list could provide clarity in respect of individual signatures
- Specific procedures should be clarified for each tenancy in respect of staff responsibilities for booking in medicines received at the tenancy. Procedures in this matter in 1 tenancy visited was open to interpretation and could lead to procedures not being appropriately adhered to.

One matter in relation to confidentiality of service user information had been identified at the previous inspection of the agency. The responsible individual confirmed that as a result of this, the confidentiality policy had been re-visited with staff.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding from this inspection cycle:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

- Staff should ensure that a blister pack is empty before administering medicines from another blister pack.
- Consideration should be given to retaining a staff signature list to identify the specific signature of each staff member. Some signatures viewed were very similar and a signature list could provide clarity in respect of individual signatures.
- Specific procedures should be clarified for each tenancy in respect of staff responsibilities for booking in medicines received at the tenancy. Procedures in this matter in 1 tenancy was open to interpretation and could lead to procedures not being appropriately adhered to.

Protection

Inspector's findings:

The agency has a range of health and safety policies and procedures in place. A full list of these policies may be obtained from the agency. The staff who completed CSSIW questionnaires confirmed they had received a copy of the agency staff handbook and that they were aware of the health and safety policies of the agency and where they could be accessed.

Risk assessments were noted to be present in the service user files sampled by the inspector. Moving and handling plans were in place where required.

Training records were provided for the staff working at the 3 houses visited during the inspection process. These confirmed that the staff had received training in protection of vulnerable adults from abuse or inappropriate care. The agency continues to demonstrate that it works proactively within the procedures for safeguarding vulnerable adults. The agency is registered to provide support to children and their families and as such, is required to ensure that staff are aware of and work within child protection procedures.

Confirmation was received in the self-assessment that all staff receive an enhanced Criminal Records Bureau check prior to commencement of employment.

The above mentioned training records confirmed that staff had received training in emergency first aid, moving and handling procedures and positive behaviour management.

Drive has a financial policy and procedures to ensure appropriate handling and storage of service users' finances. The records of 2 service users in this respect were sampled by the inspector and were noted to have been appropriately maintained. Receipts for expenditures by or on behalf of service users were available and balances were noted to be checked by staff on every shift to ensure they corresponded with the financial record maintained. Managers have regular oversight of these records. Balances were not checked by the inspector during the visits.

All service users and their carers are issued with a copy of Drive's policy and procedure on how to make comments and complaints. There is an accessible version for service users. Complaints are reviewed on an annual basis, and a statistical analysis of the complaints is produced and presented to the management board. Service users able to express an opinion confirmed that they felt able to tell staff if they felt unhappy about the support they received.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Managers & staff**Inspector's findings:**

There appeared to be suitable numbers of staff available at the houses visited during the inspection programme. Staff were noted to be responding to service users in a timely manner and supporting their individual routines as they returned from day services, college etc.

Service users are encouraged to take part in the recruitment of staff members. Newly appointed staff are subject to a 32 week probation programme. Staff records were not examined during the inspection visit to the agency premises. Responses from staff both face to face and in questionnaires confirmed that regular supervision was provided by line managers. The frequency of supervision of staff was highlighted for improvement at the previous inspection. The responsible individual confirmed in this inspection programme that regular statistics were being collected in this respect which confirmed that targets for supervision were being met, in line with the national minimum standards.

Staff consulted as part of the inspection confirmed that regular opportunities were provided for staff meetings. Confirmation was also received that appropriate opportunities are provided for personal development and that those consulted felt supported and valued by management. Responses also confirmed that that was a good team rapport in evidence. Statements offered by staff in this regard included *we all work really well together; I feel comfortable asking fellow staff members if I need support; all the staff are flexible and approachable.*

The provider may wish to consider some statements offered by staff in relation to the challenge of completing recording and other paperwork whilst ensuring that service users' needs are appropriately met.

Training records were provided for staff working at the 3 houses included in the inspection process. It was evident that suitable training is provided and that there is a robust system in place for the tracking of staff training. A training needs analysis is undertaken every year which considers mandatory training needs, but also identifies any additional training that staff feel they would benefit from. Discussion with the responsible individual confirmed that at the time of the inspection, 48% of staff had attained a level 3 national vocational qualification and that a considerable number of staff were working towards a qualification.

The staff handbook had been updated since the previous inspection.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Organisation and running of the business

Inspector's findings:

The administrative functions of the agency are located in premises in Nantgarw, which is the registered address for the organisation. The agency premises appear to hold the necessary equipment and facilities required for the effective running of the organisation.

The organisation has a management board headed by a chairperson and meets 6 times each year. The chief executive of the organisation is Barry Gallagher who undertakes the role of responsible individual. There are a number of strategic and operational managers which include 5 registered managers who are responsible for a number of services in a locality

There are comprehensive systems in place to consult with service users and their families/representatives. Drive demonstrates that it strives to operate a service that values the contributions from service users and their representatives. This is achieved in a number of ways which ensures engagement with individuals in a manner appropriate to individual ability. Several opportunities for consultation are provided throughout the year which include conferences for service users and their representatives; service user advisory committee; task and finish groups; video conferences; house meetings and individual consultation with service users. Service users had been recently involved in devising the new logo for the organisation.

The breadth of consultation by the organisation demonstrates a commitment to ensuring that service users and their representatives have a voice in the development of the organisation. There are a number of vehicles for reporting on such consultation but for the purposes of Regulation 23 of the Domiciliary Care Agencies (Wales) Regulations 2004, consideration must be given to how the outcomes of such consultation are brought together in a cohesive report, which should be made available to service users, their representatives and other relevant parties.

Confirmation was received in the self-assessment that the organisation continues to be financially viable. Evidence was provided that suitable public and employer liability insurance was in place.

Staff have access to on call management arrangements 24 hours a day every day.

The organisation demonstrates its compliance in notifying CSSIW of any incidents affecting the welfare of service users, as required by Regulation 26 of the above Regulations.

All service users and their carers are issued with a copy of Drive's policy and procedure on how to make comments and complaints. There is an accessible version for service users. Complaints are reviewed on an annual basis, and a statistical analysis of the complaints is produced and presented to the management board. Service users able to express an opinion confirmed that they felt able to tell staff if they felt unhappy about the support they received.

The management of the organisation engaged positively with the inspection process and were open and responsive to suggestions and comments made by the inspector.

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Consideration must be give to how the outcomes of consultation are brought together in a cohesive report, which should be made available to service users, their representatives and other relevant parties.