



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Drive Ltd

Treforest

Type of Inspection – Focused

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Summary

About the service

Drive Ltd is a Domiciliary Care Agency registered with Care and Social Services Inspectorate Wales (CSSIW) since 2005. It provides care and support to people with physical disabilities, learning disabilities, mental health problems, children and their families, people with brain injuries and people who have learning disabilities and dementia. The agency provides services to people in supported living homes and to people who live in the community in the areas of Bridgend, Merthyr, Monmouthshire, Rhondda Cynon Taff and Neath Port Talbot. It has in the region of 64 supported living houses and provides support to approximately 78 people in the community and 207 people in supported living tenancies. The office base is located in Parc Nantgarw, Treforest.

The agency has a responsible individual on behalf of the company and four registered managers. Each manager has responsibility for different geographical areas.

What type of inspection was carried out?

We (CSSIW) conducted an unannounced focused inspection to test the non compliance notice issued on Monday 16 January 2017. We visited the agency offices on Friday 28 July and Friday 25 August 2017. On Thursday 3 and Friday 4 August 2017 we conducted visits to service users within their supported living homes.

The evidence within this report was gathered from the following sources:

- a review of information held by CSSIW about the service,
- discussion with one of the registered managers,
- observation of a sample of computer records in the office base,
- visits to two supported living houses,
- observations of four service user files for people in supported living homes,
- observations of accident and incident books kept within service user homes,
- talking to service users in the supported living houses and
- talking with house managers and staff within supported living houses.

What does the service do well?

We saw consistent evidence of excellent person centred work being undertaken across the services we visited, with particular reference to one service who offered specific inclusive communication to people living within the setting.

What has improved since the last inspection?

We found that the service is now compliant with regulation 13 (a); we observed that all the services we visited had cohesive information documented in care files to enable staff to work consistently and safely with service users.

We also found that:

1. The organisation ensures that people are actively involved in the reviewing and updating of their delivery plans, including the planning of their daily activities.

2. That all staff are aware of and use positive communication methods when communicating with people they support.
3. The organisation has considered the 'Real Tenancy test' and are working to ensure consideration is always made to this with particular reference to service users having access to all areas of the house with no areas locked to them.

What needs to be done to improve the service?

- All care documents should be signed by the service user and or their representative.
 - The organisation should ensure that care documents are filed with ease of access, and old information is removed.
 - All body maps and charts should clearly record what actions need to be taken, and why.
 - That people's achievements towards their goals should always be recorded and if goals need to change, this is recorded with clear explanation as to why.

Quality Of Life

We found that people who receive support from Drive Ltd have choice and influence over their lives. We spoke with service users who told us that they are supported to pursue the lifestyles they choose, and are consulted at all times. Service users told us:

'I love living here',

'staff are always happy to help me' and

'I can ask them anything'.

We saw positive interactions between staff and service users, with staff offering encouragement and good humour when assisting people. We observed a member of staff encouraging a tenant who had been unwell, suggesting that they informed him if they felt unwell again; explaining clearly how they should call for help.

Service users can be assured they are able to access opportunities to learn, follow interests and develop skills. Whilst visiting services we observed people preparing to get involved in activities, some were preparing to go out to engage with vocational activities, others were going out to leisure activities such as swimming, shopping, going to the gym, whilst others chose to stay in and relax or engage in other tasks at home. We observed in one setting a service user being supported in an inclusive communication session: this is where the member of staff worked with them paying attention to their individual expression, noises and touch. We saw the service user fully engaged, laughing and leading the session. We reviewed a sample of service delivery plans and these confirmed that people were supported to achieve their identified goals. We saw that service users have access to a wide range of community based activities depending upon their interests and aspirations. These included hydrotherapy, work in a community café, choir, music, baking, planning holidays, college attendance plus many more. It was also evident from reviewing service delivery plans that each person had their own set of goals to work towards. Most plans included recordings of the progress they had made towards their goals, however we found in one service that further work was needed to record progress and agree if the steps to achieve the goal needed to be changed. The person in charge agreed to address this. People are able to feel a sense of self worth by achieving progress within their chosen goals and lifestyles.

Service users in receipt of support from the agency can be assured that they will receive an excellent standard of person centred care, with encouragement to look after themselves, and support to be fit and well. This was evident from examining a sample of service users care files. We found that the language used in the records seen was person centred, with the voice of each individual service user being evident within their documentation. Service delivery plans were consistent with the care plans provided by the Local Authority, which provided staff with detail to enable them to meet service user's needs. People were consistently encouraged to be as independent as possible. This included personal hygiene tasks as well as household management tasks, such as laundry, cleaning, shopping and cooking. There were rotas and plans in place to assist service users to manage these tasks, as well as opportunities for them to communicate with each other to ensure tasks were completed fairly. We observed in the care records that service users were supported to attend all medical appointments and to follow up any actions agreed at the appointments. These were backed up with handover sheets, which documented appointments for each service user within the settings on a day by

day basis. We saw evidence that service delivery plans were monitored and revised as needed. However we found that more work is needed to ensure that service users and or their representative sign care documents to evidence that they have been involved in the writing of these, and have full agreement in the content of the documents. We also found that in one house we visited the files were bulky and difficult to navigate around, this could lead to difficulties for staff to gain access to information as and when they needed it. However we found that all other settings we visited had well managed and clearly filed care documents. The registered person agreed to address this as a matter of urgency. This shows that people can lead full and active lives as independently as possible.

We found that people being supported by the service receive support that promotes their safety and wellbeing. We saw there were risk assessments in place, along with positive, behavioural support plans which recorded strategies for staff to use to assist consistently with service users who can present challenging behaviours. These gave staff information as to how to assist people who need support to manage frustration, confusion, change and situations they find difficult. They also ensured that service users were able to reduce risk and lead full and active lives. These plans were comprehensive, person centred and clear, as well as being reviewed, updated and mostly signed in a timely manner. We informed the registered person that they are now compliant with regulation 13 (a).

Service users had been given the opportunity to build warm relationships with the care staff supporting them. Service users we spoke to told us that they were able to feel confident and relaxed with the care staff, who knew them well'. They told us that this was important to them as they felt that care staff valued them as individuals. People felt able to trust the staff and organisation to assist them in managing their finances. We looked at peoples finance files and saw that there were clear records of service user's individual finances, with receipts of money spent and records of expenditure. These cross referenced accurately with bank statements, and all receipts and invoices were in place. People can feel safe and have trust in the staff who are supporting them

Quality Of Staffing

This inspection focused on the quality of life for service users. CSSIW did not consider it necessary to look at the quality of staffing on this occasion, however, this theme will be considered at future inspections

Quality Of Leadership and Management

This inspection focused on the quality of life for service users. CSSIW did not consider it necessary to look at the quality of Leadership and Management on this occasion, however, this theme will be considered at future inspections.

Quality Of The Environment

This theme is not considered during inspections of domiciliary care agencies.

However we observed that staff and service user files were locked away securely in suitable cabinets.

We also used the Real Tenancy Test, this is a tool which was developed by the National Development Team for Inclusion (NDTi) as part of the Department of Health (DoH) project addressing issues of choice, control and community inclusion for people with learning disabilities living in supported living settings. Cymorth Cymry commissioned an adaption of this to be used in Wales. This test assists us by indicating the extent to which real tenancy rights are being delivered to people living within their supported living settings. We found that in the supported living settings we visited, service users can be confident that the organisation are working to meet the real tenancy test, to ensure their tenants have access to real tenancy rights. We saw pro active work taking place to enable service user access to 'staff sleeping in rooms' with one setting purchasing new furniture and a computer to enable tenants to have an additional computer room. The registered person assured us that they were continuing to work to ensure that all of their settings met the Real Tenancy Test.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

No noncompliance records found in Open status.