



# Inspection Report on

**The Drive Residential Care home**

**Caldicot**

## **Date Inspection Completed**

19/09/2023

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## About The Drive Residential Care home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Terry Vers
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People living at The Drive Residential Home receive a good standard of care. We found a relaxed atmosphere where people looked comfortable and well cared for. We saw genuine, warm, and positive interactions between staff and the people they support. People are offered regular activities and are supported to maintain relationships with their loved ones. Personal plans are individualised and give guidance for staff to follow. Staff recruitment practices have been strengthened, staff receive regular training and supervision to enable them to perform their duties. The registered manager is approachable and visible in the running of the service. The Responsible Individual (RI) visits the service in accordance with the Regulations.

## Well-being

People are encouraged to make choices that affect their lives. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Staff know the individuals they support well and are familiar to them. Staff told us about individuals likes and preferences and how they make their feelings known. Regular house meetings are held. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive.

Individual physical and emotional needs are being met. The service works collaboratively with a range of healthcare professionals to support people living at the service. We saw evidence of referrals to support people as their needs change. The management of medication is safe and in line with the medication policy. Individual dietary needs are considered, and a range of meals are available. People have an opportunity to participate in regular activities and maintain relationships with friends and family.

People are treated with dignity and respect. Staff support people in a sensitive, respectful, and unhurried manner taking time to inform them how they intend to provide assistance. People have genuine and warm relationships with each other with smiles and laughter seen and heard. A personalised approach is taken by the service, with people's preferences acknowledged, understood, and acted on.

Systems are in place to protect people from harm and neglect. Care staff spoken with are aware of their responsibilities and procedures to report any concerns and have received safeguarding training. Policies and procedures in place have been reviewed, this includes the safeguarding policy. Only authorised people can access the service. The service is proactive in identifying potential risks to people and how to manage these.

## Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. We heard staff engaging individuals in conversation, using humour and encouraging others to join in. Staff are compassionate and respectful and enjoy working at the home.

Each person receiving a service has a personal plan which is individualised and detailed. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed. The introduction of new paperwork will better evidence when reviews are undertaken. People and their relatives are consulted and involved in their care. Individual identified risks to people are known and actions are taken to reduce these risks, documentation requires development to fully record this.

There are robust systems in place for the management and storage of medication. Medication is stored securely. Records show that care staff administer medication in line with the prescriber's directions, being free from gaps or errors. Care staff receive training in how to manage and administer medication. The service has an up-to-date medication policy in place.

## Environment

People's wellbeing is enhanced by living in a pleasant, clean and homely environment. People can relax in their own rooms or move about the home independently. Rooms are large and decorated to individual tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. People were keen to show their rooms to the inspector and had clear pride in them. Everyone is actively encouraged and supported to take responsibility for household tasks. For example, we saw one person cleaning surfaces and another Hoovering. A large communal lounge and dining room provide people with an opportunity to spend time with others. There is access to different outdoor areas providing people the opportunity to sit out in warmer weather.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrate routine completion of utilities testing. An annual fire risk assessment is in place. Fire safety tests and drills are completed. There are no obvious trip hazards and fire exits are clear. Daily cleaning and laundry duties are being maintained.

## Leadership and Management

People can be confident they are supported by a provider that shows a commitment to provide quality care and support. The Responsible Individual (RI) has good oversight of the service and visits on a regular basis. Both the RI and registered manager deliver care and support alongside managerial support on a day-to-day basis.

The service provides good information to the public. The Statement of Purpose sets out the service's aims, values, delivery of support, and has recently been updated. A detailed written guide contains practical information about the care and support provided. Policies and procedures, such as for medication and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. A complaints policy and procedure is in place, which is readily available should this be needed.

The service has robust and safe recruitment systems. Disclosure and Barring Security (DBS) checks are in place and current. There is commitment to ensuring all care workers undertake the qualifications required to enable them to register with the workforce regulator, Social Care Wales. Newly appointed care staff complete an induction programme which includes training and shadow shifts. Care staff training records indicate they have access to a variety of training opportunities, and they have completed a good level of training. Care staff now receive regular supervision and attend frequent team meetings to discuss service delivery. Care staff feel valued and are passionate about their roles and enjoy working at the service.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
7	The statement of purpose should be kept under review and accurately describe the service provided.	Achieved
19	The service user guide requires revision to accurately reflect service delivery.	Achieved
12	Policies and procedures require revision to reflect any changes in legislation and best practice recommendations.	Achieved
16	Personal plans must be reviewed as and when required but at least every three months.	Achieved
58	Improvements in the recording of 'as required' medication is required and the medication policy requires revision.	Achieved
35	Evidence to show rigorous vetting and screening checks of staff was incomplete.	Achieved
36	Staff do not have regular formal supervision with their line manager or receive an annual appraisal.	Achieved

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