

## Swanton Care & Community Limited

# Darwin Place

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Darwin Place is a residential care home which accommodates a maximum of seven people who have a learning disability or autistic spectrum disorders. Accommodation is set up across four separate units, each of which has separate adapted facilities. At the time of our inspection five people were using the service.

People's experience of using this service:

- People and their relatives were positive about the care and support they received. One person said, "The staff are really great. I am very happy here." A relative said, "All the staff are brilliant. I couldn't be happier and really can't think of anything they could do better."
- Risks to people were monitored and procedures were in place to help keep people safe.
- There were safe systems for the management and administration of people's prescribed medicines.
- People were supported by adequate numbers of staff who were safe and competent to work with them.
- People were protected from the risks associated with the control and spread of infection.
- Staff understood the importance of ensuring people's rights were understood and protected.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's health care and nutritional needs were monitored and understood by staff.
- People told us staff understood their needs and were kind, caring and compassionate.
- People had opportunities for social stimulation and were able to maintain links with the local community.
- The registered manager and provider followed effective procedures to monitor and improve the quality of the service provided.

Rating at last inspection: At our last inspection in February 2018 (report published 3 April 2018) the service was rated requires improvement.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Darwin Place

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was carried out on 11 April 2019 by one adult social care inspector.

#### Service and service type:

Darwin Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection.

#### What we did:

The provider submitted a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the

provider is required to send us by law.

We asked the local authority, commissioners and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with three people who lived at the home and a relative. The registered manager was available throughout our inspection. We spoke with three members of staff, the registered manager and the provider's positive behaviour support practitioners. We looked at three people's care and medication records, staff training records and records relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. A member of staff said, "I would report any issues straight away and I have one hundred and ten percent confidence in [name of registered manager]. They would make sure concerns were investigated."
- The registered manager had reported abuse to the local authority safeguarding when concerns had been raised and had worked in partnership with them to ensure people were safe.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred.

Assessing risk, safety monitoring and management

- Risks to people were assessed and care plans had been developed to manage risks. These included making hot drinks, accessing the community and travelling in a vehicle.
- People were involved in the development of their risk management plans and there was an emphasis on enabling people to take informed risks. For example, cooking, cleaning and doing their laundry.
- Behavioural support plans had been developed and agreed with appropriate professionals and with staff who knew the individuals well. These plans were in place to manage certain behaviours where the person, or others, may be at risk of harm. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.
- A maintenance person was employed and regular checks were carried out to make sure the environment and equipment remained safe. Repairs had been completed without delay.
- There were risk assessments in place relating to health and safety and fire safety.
- Staff knew the action to take in the event of an emergency. Each person had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. People were involved in regular fire drills which helped prepare them to know how to respond in the event of an emergency.

Staffing and recruitment

- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.
- Staffing levels were based on the needs and number of people who lived at the home. Staff told us there were sufficient staff to meet people's needs, including social needs.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines as prescribed.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

### Preventing and controlling infection

- People were protected from the risks associated with the spread of infection because staff understood and followed the provider's procedures.
- Staff had access to good supplies of personal protective equipment (PPE) and we observed staff using these appropriately.

### Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again. For example, following an incident relating to a person's medicines, the registered manager conducted a full investigation, arranged for further training for staff and reviewed how the person's medicines were stored. Learning was shared with the staff team through debrief sessions.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before a placement at the home was offered. This helped to ensure that the home could meet people's needs, preferences and aspirations.
- People were able to visit the home and, where appropriate, have overnight stays so they could get to know their peers and the staff team.
- Assessments of people's diverse needs were discussed prior to admission. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.
- Staff had the skills and knowledge to ensure they could effectively communicate with the people who lived at the home. Staff told us they used signing, pictures and objects of reference to enable people to make choices and express a view about the support they received.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and kept under review. Care plans contained information about people's needs and preferences.
- There was an emphasis on enabling people to develop and maintain a level of independence. A person who lived at the home said, "I like cooking and I choose my own food."
- We met with a person who told us how staff had supported them in their quest to lose weight. They said, "The staff have really helped me to lose weight and they came to slimming world with me. They helped me with healthy eating. I have lost weight and feel good."

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and skills to meet their needs.
- New staff completed an induction and training programme which gave them the basic skills and training they needed. A member of staff told us, "The training is brilliant and I had a week of shadowing experienced staff so I could get to know people."

Adapting service, design, decoration to meet people's needs

- The design and layout of the home meant, where appropriate, people had the opportunity to live a more independent lifestyle. Apart from the main house, there were three self-contained ground floor flats in the grounds.
- People had personalised their private space in accordance with their tastes and preferences. In the main house people had been involved in choosing colours and soft furnishings for communal areas.



Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People saw doctors and other professionals when they needed. These included GP's, dentists, opticians, speech and specialist health care professionals.
- People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.
- Each person had a health action plan and a 'hospital passport'. This document contained important information to help support people with a learning disability when admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

- People's rights were respected. We observed staff asking people for their consent before assisting them.
- Staff had been trained and understood the principles of the Mental Capacity Act 2005 (MCA).
- The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had followed the requirements of the MCA and made applications for DoLS authorisations where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a motivated, kind, caring and compassionate staff team. One person said, "They [staff] are fantastic. I really like them." Another person told us, "The staff are really great. I am very happy here." A relative said, "All the staff are brilliant. I couldn't be happier and really can't think of anything they could do better."
- People looked relaxed with each other and with the staff who supported them. There was laughter and friendly banter which people enjoyed.
- Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished.
- People's protected characteristics such as sexuality and religious preferences were discussed with them and recorded in their plan of care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their day to day lives.
- Information had been produced in an accessible format for people such as easy read, photographs and symbols.
- Staff had a good understanding about people's needs and they had the skills and information to support people with communication difficulties to have a voice and express their needs and views.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with people in a kind and respectful manner.
- People chose how and where to spend their day and staff respected people's right to privacy.
- The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
  - Care plans demonstrated that people's views and preferences were valued. For example, one of the care plans we read showed photographs of the individual showing how they would like to be supported.
  - Care plans also contained text marked in red which were the words of the individual. One person had said, "One day I want to live in the community and I am learning new things to help me." There were photographs which showed how staff could help them achieve their goal.
- Care plans detailed information which was important to the person such as daily routines and family members. One person's care plan informed staff that it was important for them to have a particular coloured flannel for their personal care. The staff we spoke with were aware of this preference.
- Staff knew about people's preferences and what was important to them. They spoke with great passion about the people who lived at the home and engaged in conversations about their family and interests.
  - A relative told us, "[Name of person] is doing so much now I could never have believed it possible. [Name of person] has never been happier." A person who lived at the home said, "I like going shopping and the staff take me."
  - Positive behavioural support plans had been developed to help people and staff manage behaviours which may challenge.
  - People were supported to access the community and to take part in activities and social events which they enjoyed. One person had formed a great friendship with another person who lived at the home and both were supported to visit the local pub together, go to the cinema and bowling.
  - People were able to continue with their education and learn new skills. We heard about one person who attended a local college and were developing their numeracy, literacy and independent living skills.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure had been produced in an accessible format for people. People were reminded about keeping safe and raising concerns during their monthly meetings with their keyworker.
- The service had not received any complaints since our last inspection however a relative told us, "I am so happy with everything and have never had to complain. If I wasn't happy I could talk to any one of them [staff] and they would sort things out."

End of life care and support

- Nobody using the service was receiving end of life care. However, the registered manager told us there would be discussions with the person, their family members or advocates where appropriate.
- People's religious preferences were recorded in their plan of care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we rated this key question as requires improvement. This was because there was not registered manager in post and because we needed to be sure the improvements made since a previous inspection could be sustained. At this inspection there was a registered manager in post and we found improvements had been sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the manager had successfully registered with us. The registered manager was very visible in the home and knew people well.
- The registered manager operated an open-door policy and we saw people actively sought them out and engaged in friendly banter.
- Staff spoke highly of the registered manager and of the support they received. A member of staff said, "We have a very strong senior team and staffing structure. The support and training is excellent. I have learnt a lot from [name of registered manager.]. Another member of staff told us, "I have been allocated a mentor and I am being supported to develop my skills and knowledge."
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- There were effective systems to monitor staff skills, knowledge and competence.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the home within required timescales.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were supported by a staff team who felt valued and motivated to do their work. Staff morale was good.
- People were at the heart of the service and the provider's ethos of 'every moment matters' had been embraced by the staff team. A member of staff told us, "The improvements here have been amazing. It is so person centred now and I was overwhelmed by that. Everything we think or do is for the benefit of the people here. This is driven by [name of registered manager.]" A relative told us, "It is brilliant here and has changed in so many ways for the better."
- A member of the provider's senior management team told us, "Our ethos has been developed from the bottom up. We have developed for the better based on the views of [people who use the service], families

and staff."

- The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were valued and responded to. Throughout our visit we observed staff seeking people's views about what they wanted to do, what they wanted to eat and who they wanted to support them.
- People met with their keyworker on a regular basis to discuss the care and support they received.
- People were involved in annual reviews with their relatives, professionals and staff that knew them well.
- There were opportunities for staff to express a view about how the service was run. For example, through staff meetings. A member of staff told us, "I suggested the introduction of a snack box for a person we support to help with their diet. This was taken on board and is working well."

Continuous learning and improving care

- The were effective procedures in place to monitor and improve the quality and safety of the service provided.
- Regular audits and checks were carried out by the registered manager. Findings were reviewed and action was taken to address any shortfalls. Quality visits were also carried out by the provider's senior management team.
- There was a culture of continuous learning. We met with the provider's positive behaviour support practitioner who provided support, guidance and training to staff on the management of behaviours which may challenge.
- The registered manager said, "We will never stop striving for the best for people."

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority safeguarding team, GP's, and specialist health professionals.