

Swanton Care & Community Limited

Darwin Community Support

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 

Overall summary

The inspection was announced and took place on 5 May 2015. The registered manager had short notice that an inspection would take place so we could ensure they would be available to assist with the inspection. At the last inspection carried out in May 2013, we found the provider was meeting all of the regulations we reviewed.

Darwin Community Support provides care and support to people with a learning disability living in their own home or with their relatives. At the time of the inspection 10 people were using the service.

There was a registered manager in post at the time of our inspection. 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.

People who used the service were positive about the service they experienced. They told us they felt safe with

Summary of findings

the staff that supported them. One relative shared a concern in relation to an incident that potentially placed their family member at risk of harm. The registered manager took the appropriate action when they became aware of the concerns in order to help protect the person from the risk of harm. Staff had received training in protecting people from harm and knew what action to take if they had any concerns about potential abuse. Risk assessments were carried out so that risks to people were minimised while still supporting people to remain independent.

People told us there were sufficient numbers of staff available to provide them or their relatives with the support they needed at a time that suited them. We were told support staff usually arrived on time and stayed the agreed time. People were supported with the management of their medicines and their health and dietary needs to support their well-being.

Staff told us they were received training that gave them the skills and knowledge they needed to support people

effectively. They said they were well supported in their work and had regular meetings with their line manager and team meetings. Staff knew how to support people's rights and shared examples of how they respected people's choices, dignity and independence.

People's needs were assessed and plans were in place to meet their needs. People told us they were involved in their house meetings and discussions about their care requirements. They said they felt listened to by the staff and managers and knew who to speak with if they had any concerns. People described staff as kind and friendly and said they were treated with respect. People had developed positive relationships with their support workers and the management team.

People who used the service, relatives and staff told us they found managers open and approachable and considered the service was well-led. We saw there were systems in place to gain people's views and monitor the quality of the service people received.

Summary of findings

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.

People told us they felt safe with the staff that supported them. Staff knew how to identify and report potential abuse and had received training in order to keep people safe. Risk assessments were carried out so that risks to people were minimised. People received their medicines as required.

Good



Is the service effective?

The service was effective.

People were involved in discussions about their care and support needs. Staff received induction, training and supervision to support them in carrying out their roles effectively. People were supported with maintaining good health to support their well-being.

Good



Is the service caring?

The service was caring.

People told us staff were friendly and caring. They said they were listened to and were treated with kindness and respect. Staff supported people's dignity, privacy and independence.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and support and were provided with a service that was flexible to their needs. They knew how to raise concerns and share their experiences and felt listened to.

Good



Is the service well-led?

The service was well-led.

Managers promoted a positive culture within the service that was open and transparent. People were provided with opportunities to have their say about the support they received and the running of the service. Systems were in place to manage and review the quality of the service.

Good



Darwin Community Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

This inspection took place on 5 May 2015 and was announced. The inspection was carried out by one inspector.

Prior to our inspection we looked at the information we held about the service. This included statutory

notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority for information they held about the service. This helped us with planning the inspection.

During our inspection we spoke with four people who used the service, three relatives, the registered manager, deputy manager and three support workers. We reviewed the care records of two people who used the service, staff records and records relating to the management of the service.

Is the service safe?

Our findings

All of the people we spoke with who used the service told us they felt safe with the staff that supported them and raised no issues regarding their safety. One person told us, “They most definitely keep me safe”. Another person said, “They all treat me so kindly”. A relative told us, “Staff absolutely keep [name of family member] safe”. One person shared concerns in relation to an incident that had potentially placed their family member who used the service at the risk of harm. Following the inspection the concerns were shared with the registered manager. They took immediate action to safeguard the person concerned and raised a referral with the local authority who lead on investigating potential abuse. CQC are awaiting the outcome and will follow up on any regulatory matters once the investigation is completed.

Staff were knowledgeable about how to recognise potential abuse. They were able to clearly describe how they would escalate concerns should they identify possible abuse. Staff told us they were confident managers would act quickly to protect people. They said they had received training in protecting people from harm which helped to keep their knowledge and skills up-to-date. Where allegations of abuse had been made we saw these had been reported appropriately to the local authority. Managers demonstrated a clear understanding of safeguarding procedures and their duty to protect people and report issues. Staff showed an understanding of what to do in relation to reporting poor practice and told us they were confident to ‘speak out’. One member of staff told us, “In our one-to-one meetings we are always asked about the whistleblowing policy”. We saw staff had access to a copy of the policy that was held in the office.

We saw risks to people were identified and assessed. Assessments provided staff with information about how to support people in a way that minimised risk for each person while still supporting people to remain independent. A member of staff told us, “We need to expose the people we support to certain amount of risks in their everyday life but need to reduce risk as much as possible. People’s risk assessments are reviewed monthly”. The registered manager told us in their PIR, “The team supports the service users to have discussions with care

managers regarding choice and risks”. Managers shared an example of how they helped minimise potential risk to an individual when they were supported to choose their own property.

People said they knew who their support workers were and were advised in advance who would be supporting them. One person said, “I keep to the same staff, I know who is coming to support me”. Another person said, “I’ve had a few staff over the years but I only ever have the same carer now, It’s my choice”. A relative told us, “[name of deputy manager] has always been efficient doing staff rotas. [Name of family member] tells them which staff they want and gets them”. Managers told us people were able to choose and change their staff team to ensure that they had the best people to support them. We saw the agency had supported some people to reduce their support hours to become more independent and lead the lives they chose.

We saw rotas were developed with each person based on the hours agreed following an assessment undertaken by the funding authority. Support provided was flexible to meet people’s individual requirements and lifestyles. People said staff arrived on time and if staff were delayed they were advised of this. One relative told us staffing was “stretched at times” due to staff taking annual leave. They told us, “If the agency expand much more they will seriously have to look at their staffing levels”. Managers told us people received consistent support and that outside agency staff were never used. This ensured people received support from staff they were familiar with and knew their needs. There was a 24 hour on-call rota in place for people who used the service, staff and relatives in the event of an emergency. One relative told us they had not been provided with the telephone contact number. The registered manager agreed to ensure the contact details were circulated.

A relative told us their family member had been involved in staff recruitment. We looked at the files of two staff that had been employed since the last inspection. We found the appropriate checks had been undertaken before new staff commenced work. This helped ensure that staff were suitable to work with people who used the service. We saw questions were asked of candidates during interviews that assessed their ability to work with the people who used the service. A new member of staff described the provider’s recruitment and selection procedures as “thorough”.

Is the service safe?

One person told us, “My carers give me my tablets, the ones that are meds trained”. Another person said, “I put my own prescription in and my tablets are put in a box that I can get to when I want”. A relative told us, “The staff make sure [name of family member] takes their tablets”. People told us staff made sure they took their medicines on time which they kept in their own home. Existing staff told us they had

received medicine training and their competency was assessed. A new member of staff told us they had not yet received training in medicines and was therefore “not allowed to deal with medicines”. They said alternative arrangements were in place to ensure people received their medicine from staff that were trained.

Is the service effective?

Our findings

People told us their support workers knew them well. One person said, “My support workers are very good and help me. They really know me and how far I’ve come”. Another person said, “They are absolutely brilliant”. A relative told us they felt staff would benefit from further training in their family member’s specific needs. The registered manager told us, “We send staff based on their abilities and people’s needs and preferences”. A new member of staff told us about their induction to their work and considered it was thorough. They felt this and the training they had received to date had equipped them with the skills and knowledge required of their role, to keep people safe and meet their individual needs. They said they were introduced to the people they supported and had been provided with lots of opportunities to shadow established members of the staff team until they were confident to work alone. They told us, “The existing staff have been great; they are a supportive staff team”. The registered manager told us, “They [the provider] train you well enough that you can leave but treat you well enough that you don’t want to. They’ve given me every opportunity to develop, I have no desire to leave”. Staff were aware of their role and responsibilities and told us they were supported in their work and received regular meetings with their line manager and attended team meetings. They said they had received training in areas relevant to their work. We saw spot checks were carried out by managers to observe staff directly working with the people they supported and how they put their training into practice.

People told us staff respected them and explained things to them. A relative told us their family member was, “absolutely” involved in making decisions about their care and support. Staff knew how to support people’s rights and shared examples of how they respected people’s choices, dignity and independence. One member of staff told us, “We never do anything without asking them”. Established staff told us they had received training that provided them with guidance about their responsibilities to safeguard people who may lack capacity and ensure people’s rights were protected. We saw a person had given written consent

before having their story and photograph included in the provider’s newsletter. People’s care records contained information about how individuals made decisions and gave their consent. However, information about decisions people were able to make needed to be more specific to ensure decisions were made in people’s best interests. For example, one person’s record stated, “I am able to make simple decisions about my life and can give consent but my family, social worker and support staff will make some decisions with me”. Managers advised that a best interest meeting had been held in relation to one person and an application had been made to the approving body for the same person as they required continuous support and supervision in the community.

People told us they had enough to eat and drink. People who lived in their own homes said they decided what they wanted to eat and drink and were supported to shop to purchase their food if needed. One person said, “I get my own food”. Another person said, “I cook my own meals with staff supervision”. People’s food preferences and support needs were detailed in their care records, so that staff had the guidance they required to support people with eating and drinking in the way they required. Managers told us about how people were supported to choose healthy eating options for example by encouraging them to choose food with a lower fat content and by using different methods of cooking food. They said, “Where we can influence, we absolutely do”. Staff were provided with information about what foods a person should avoid due to a specific condition where certain foods can worsen the symptoms.

One person told us, “If I ever need to go see the doctor or dentist the staff take me”. Other people told us they were supported to attend their health appointments where needed. One person told us, “I make my own appointments and staff put it in the diary for me”. People’s care records contained the details of their healthcare professionals and other significant people involved in their care and support. We saw people were referred to and seen by specialists when they needed to. For example, chiropodist, psychologist and dietician.

Is the service caring?

Our findings

People spoke very positively about their support workers. One person said, “[Name of support worker] is brilliant. We have a good relationship and they’re easy to talk to. They’ve been really helpful and supportive”. Another person said, “They are very nice to me”. People said they were happy with the care and support they received. One person said, “My carers help me every step of the way. I’d like to keep them for as long as possible. I want them to carry on doing the good job they are doing. They work so hard with us”. A new member of staff told us, “You can definitely tell staff have developed positive relationships with the people they support and genuinely want to make a difference”. A relative said, “I can’t fault any of the staff, they are very caring and I’m happy with the care and support they provide”. Staff spoken with had a positive attitude to their work and told us they enjoyed their work and supporting people. The registered manager told us, “Staff are really caring and very passionate”.

People told us they were treated with respect and were at the centre of decisions about their care and support. People who lived in their own homes told us they were supported to make their own choices and decisions. For example, when they wanted to get up, how they wanted to

spend their time, the activities they wanted to do and what food they wanted to eat. One person said, “My support workers are always there to help me make choices”. People told us they were encouraged to do things for themselves, such as preparing their food and completing household tasks. One person said staff had helped them to maintain and develop their independence. The registered manager told us in the PIR, “The service supports people to lead fulfilled lives, by supporting them to make choices and decisions. The service supports people to develop and achieve personal goals and independence milestones. Each person lives within their own home that has been chosen by them and is appropriate”. Managers told us they visited the people who lived in their own homes monthly to discuss their needs without support staff present. This was so they could be assured that people were making their own decisions without bias from staff.

People told us their privacy was respected when staff were in their home. One person told us, “The staff always knock and ask if they can come in”. Another person said, “[Name of support worker] really respects me”. Staff demonstrated that they knew how to support people’s dignity and privacy. One member of staff told us, “We’ve had training in privacy and dignity. We respect the individual and make sure we are not intrusive when providing support”.

Is the service responsive?

Our findings

All but one person we spoke with told us they were involved in planning and reviewing their or their relatives' care and support. One person said, "I have house meetings with the staff and talk about lots of things". Another person said, "I'm involved in all my review meetings and house meetings. All of the staff that work with me come to my meetings and I choose what I want to talk about". A relative told us they were involved in the assessment, care planning and review process. One relative said their family members care package was not running as smoothly as they wanted. They said, "It's nothing major, there's been some unforeseen hiccups but they've not addressed the problem". They shared the issues with us and we provided feedback to the registered manager following our discussions held with all of the people we spoke with.

People's needs were understood and respected by staff and managers who knew them well. Discussions held showed staff and managers were familiar with the individual needs of the people whose care we looked at in detail. We looked at three people's care records. We saw each person had a support plan in place that was personalised to the person and contained lots of information about the person. This included their needs and support requirements, what were important things to them, their life history, how they communicated, their health history and their preferred routines and lifestyle choices. Staff we spoke with considered support plans contained sufficient information so they were able to provide consistent care and support. Personal goals were set and reviewed monthly with the involvement of the person and the staff supporting them. One person told us about a forthcoming meeting arranged and the people they had invited. A relative told us that they had not received a copy of the minutes for the last review meeting held. We shared this with the registered manager.

One person told us, I do my own cooking, cleaning and banking and I like going to a club one night a week. I'm so

pleased with what I have achieved". One person told us they had enjoyed going to a festival in London. People were supported by staff to maintain relationships and their personal interests which were important to them. Staff said they supported people to lead busy lives, follow their interests and spend time with people who mattered most to them. One relative told us they felt activities that their family member was supported with needed to be structured and better planned. Discussions with people showed they enjoyed life as part of the community. These included a variety of leisure and work opportunities that reflected their age and interests. We saw staff were open to change and were flexible and responsive to people's needs or routine. A relative told us most staff "absolutely encouraged" their family member with developing their independence. However, they were not confident that all staff were working towards this goal because it was quicker for staff to undertake tasks for the person rather than the person do it themselves with appropriate support and guidance.

People felt staff and managers listened to them. People who used the service said they had not had to complain. They knew who to speak with if they had any concerns and felt they would be listened to. One person said, "I'd speak with [name of deputy manager]. A relative told us, "When I have raised any concerns [name of registered manager] is very good and is straight on it and resolved every issue. I trust her". Another relative said, "There's been some unforeseen hiccups but [name of registered manager] does everything in their power to rectify the situation. I haven't had to make a formal complaint and I don't foresee this happening". We saw the agency had a complaints procedure in place and people were provided with a 'how to complain' guide in an accessible format. We saw the provider had received one complaint since the last inspection. We saw that the registered manager had acted on the information and dealt with the complaint quickly and in line with their complaints procedure. We were told the complaint had been resolved to the person's satisfaction.

Is the service well-led?

Our findings

People who used the service, relatives and staff we spoke with considered the service was well-led. One person told us they would rate their service as 10/10. They said, “They are brilliant”. A relative said, “90% of the time I can’t fault the agency. They are getting there but they are not 100% yet. I wouldn’t swop the agency, [names of managers] couldn’t be more helpful and pleasant”. A member of staff told us, “I enjoy getting up and going to work every day”. We saw relatives were made welcome when they visited the office to meet with us. People knew who managed the service. A person who used the service told us, “I hope they continue moving forward as they do a good job”. Most people considered the communication between them and managers was generally good. One relative told us, “The manager is definitely open and approachable but they need to keep service users more informed of changes. Sometimes we are kept in the dark”. Managers acknowledged communication was an area for improvement.

Managers promoted a positive and open culture. A member of staff commented, “Managers are always at the end of the phone if we need them and I find them easy to speak to”. Staff were aware of procedures for ‘speaking out’ and who they could take concerns to outside of the agency. Managers demonstrated they were aware of the organisations values and how they applied them in practice. We saw these were displayed on the office wall and discussed with staff during meetings held with them. Expectations, goals and future growth were also shared with the staff so they were involved in the developments of the organisation.

The service had a manager who was registered manager with the Care Quality Commission (CQC) and was responsible for managing two registered locations. In their absence the deputy manager oversaw the service. The registered manager was nearing completion of a leadership and management masters program and was supported by

the organisation to attend regular training and networking events to keep up-to-date with the latest best practice. All of the people we spoke with told us that both the registered manager and deputy manager were approachable and supportive. Managers told us that open communication was encouraged and the service promoted a positive culture by empowering people to make their own decisions.

Staff were motivated, committed to their work and knew their role and responsibilities. They spoke positively about the support they received and the quality of the service people received. They said their views were sought on how the service was run. We saw they were supported in carrying out their roles and received regular meetings with their line manager to discuss their practice and performance and attended regular team meetings.

We saw there were systems in place to assess and monitor the quality of the service and the care people received. These included obtaining feedback about people’s experiences, unannounced spot checks to observe staff delivering care and support to people in their homes focusing on outcomes and call planning as well as health, safety and safeguarding individuals. There were also a variety of systems in place to monitor quality. These included spot checks on staff, monthly returns, house meetings, reviews, staff meetings, supervision and satisfaction surveys. Two relatives told us they had been asked their views about the service. We were told staff had attended a conference where they had the opportunity to speak up and share their views about the organisation with the chief executive. Managers told us the organisation genuinely cared and listened to everyone’s views. They shared with us plans that were in place for developing the service. These included developing the senior teams to enable them to take more active role in developing the service, holding an open day in the office to discuss with all parties involved how to improve the service and investing in a computerised reporting and recording system.