

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 ●

Summary of findings

Overall summary

About the service

Darwin Community Support provides personal care for people as part of a domiciliary care scheme. Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At this inspection, they were providing a regulated activity for 27 people.

Darwin Community Support care staff supported people with a physical disability, those with a learning disability, older people with dementia, people with mental health problems and younger adults.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People felt involved in the care and support they received which was personal and individual to them.

The provider had developed a culture where all staff encouraged people to explore their care and support options.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. The provider had embedded the equality, diversity and human rights approach to supporting people's privacy and dignity. People had very positive outcomes as a result. The provider fully understood people's individual needs and delivered care and support in a way that meets these.

Darwin Community Support made arrangements for people to engage in social activities, education and work, which were innovative, met people's individual needs, and followed best practice guidance so people could lead as full a life as possible.

The service knew what people have done in the past and what they wanted to achieve in the future. They evaluated whether they could accommodate people's desired activities and strived to make them happen.

The service had a very flexible approach to any restrictions imposed on people; keeping them under constant review, making them in a time-limited way, and only when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at Telford and Wrekin

Shared Lives Scheme supported this practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

The provider promoted a strong organisational commitment to achieving positive outcomes for people. This was evidenced through quality monitoring processes. The provider, and management team, had good links with the local communities within which people lived. The management team and provider had systems in place to identify improvements and drive good care.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. This helped people who use the service to live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people. When it was needed, people received safe support with their medicines by trained and competent staff members

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately. When required, people were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

Rating at last inspection

The last rating for this service was 'Good' (report published 06 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 the 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 Community Support

Detailed findings

Background to this 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

The Inspection was carried out by one inspector.

Service and service type:

Darwin Community Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Darwin Community Support 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:

The inspection was announced 48 hours before the visit. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started on 06/03/20 and ended on 18/03/20. We visited the office location on 10/03/20 and 11/03/20.

What we did:

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection,

During the visit we spoke with five people who used the service, to ask about their experience of the care provided and 2 family members. We spoke with ten members of staff including the registered manager, service manager, deputy manager, area manager, positive behavioural support lead, acting deputy manager and four carers.

We also spoke with two relatives that have family members using the service and a social worker from a local authority commissioning team on the telephone.

We reviewed a range of records about people's care and how the service was managed. This included looking at five people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has Improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we had concerns that not all avoidable risks had been assessed and that some staff were supporting people without the required training to keep them safe. We saw during this inspection that these issues had been addressed.

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from risk. Personalised risk assessments had been written for the people living there covering a range of risk including eating and drinking, skin care, mobility, activities and managing distressed behaviours.
- Equipment was managed in a way that supported people to stay safe.
- Each person had a personal emergency evacuation plan (PEEP). This ensured there were arrangements in place to support people to evacuate their property safely in the event of an emergency.
- One person told us, "I feel safe living here." A family member said, "I am 100% confident that the staff support them safely."

Using medicines safely

- People received their medicines as prescribed and were dispensed by staff who were trained and competent to carry out the task. Protocols had been drawn up considering people's preference as to how they would like to have their medicines administered.
- Where people were prescribed as required medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MARS) were correctly completed with no gaps.
- People's ability to safely administer their own medicines was assessed, and assistive technology was used to assist people where required.
- People were supported to reduce the use of medicines to manage moods or distressed behaviours.
- We saw evidence of regular audits of medicines records and stocks had taken place.
- Staff received training in the safe administration of medicines and their competency was regularly checked.

Systems and processes to safeguard people from the risk of abuse.

- The provider's had robust policies, procedures and guidance in place that gave staff guidance on how to keep people safe.
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and how to report this.

Learning lessons when things go wrong

- Accidents and incidents were recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out regular evaluations of accidents and incidents to identify trends.

Staffing and recruitment

- Staff were recruited safely, procedures were in place to ensure staff were suitable to work with people. These procedures included criminal record checks, identity checks and references from previous employers.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.
- A family member told us, "(My relative) is able to choose who works with them, if they do not like a staff member that person is not sent again."

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- People told us staff helped them to keep their home clean and tidy.
- Staff told us they were provided with personal protective equipment (PPE) to protect reduce the risk of infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider met the requirements of the MCA. MCA assessments had been carried out in relation to care provided which meant people's rights were protected.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.
- Where people lacked capacity to consent to their care and treatment, records showed that authorisations from the Court of Protection were in place and any conditions set were adhered to. The provider had notified the Care Quality Commission about these authorisations, in line with their legal responsibility to do so.
- Staff received training on the MCA and were able to tell us about the principles that underpin it.

Staff support: induction, training, skills and experience

- People were supported by competent and trained staff. All new staff starting at the service received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff. A staff member told us "The induction was brilliant, it put me in a position where I could confidently do my job."
- Staff told us they felt well trained and felt training gave them the skills they needed to do the job well.
- Staff told us they felt supported in their jobs and received regular supervision. One staff member said, "I get regular team meetings and supervisions and I feel listened to."
- Staff told us, and records confirmed that training was provided when a person had a specific health or support need such as positive behavioural support training.
- Records of staff training was held on a training matrix which was monitored by management.

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

- People's social, emotional and physical needs were assessed. People and their relatives were involved

in these assessments and these were used to develop care plans.

- People's needs and choices were continually reviewed to ensure they were receiving the right level of support. Where it was identified people needed additional support this was provided to ensure their needs were met.
- The providers assessments of support needs identified people's protected characteristics under the Equality Act.

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

- People's needs in relation to food and drink were assessed and this assessment formed part of their care plan.
- The provider worked with professionals such as dieticians and where necessary people were supported to have adapted diets to meet their health needs.
- We saw that adaptive technology was being used in a person's kitchen. This enabled the person to help prepare their own meals and provided them with advice on healthy options.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed people's needs had been assessed and monitored in conjunction with relevant healthcare professionals.
- Where people's needs had changed, staff consulted with GP's, and health and social care professionals.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant 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 and their relatives told us that staff were kind and caring. A person living at the home said, "the staff are amazing." A relative of somebody living at the home said, "I have no concerns about the care my (relative) receives, the staff are fantastic."
- Peoples spiritual and cultural needs were respected, and we saw that people were asked about this during their assessment and it was recorded in their care plans and people were supported to maintain their faith by attending services.
- Staff were in the process of receiving training around sexuality and relationships to be able to support people to express their sexuality and develop and maintain relationships. Staff spoke about the work they were doing with one person to help them identify their feelings.

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

- One person had been supported to create a pictorial guide of how they wished to be supported including how they wanted their clothes and hair styled. This meant they were able to choose their personal appearance even though they were reliant on staff to assist them.
- We saw people were involved in their plans of care and where the person was not able to communicate their choices, people who knew them well were consulted. One person told us, "Staff listen to me, I am the boss."
- People were fully involved in decisions about their care and support. Meetings were based on people's individual preferences and took account of their individual skills and maximised their input.
- People were fully involved in the creation and continuous development of their care and support plan. For example, one person had requested to change the time they were supported to get up and this had been facilitated.

Respecting and promoting people's privacy, dignity and independence

- Peoples independence was fully promoted and encouraged. One person described how their life had improved since receiving support from Darwin Community Support. As part of the assessment to identify and promote their support the provider ascertained what the person wanted to improve their life. They actively involved person in designing how they wanted their support.
- People's care plans identified goals for them to achieve and the development of life skills. This had led to increased independence, greater self-esteem and positive personal image. A family member told us "Since being supported by (staff), my family member has learnt new skills and is doing things now that they have never done before, like making themselves a drink."
- A person told us "I now have unsupported time, and this is going to be increased." This was because the

provider had supported them to develop their skills and independence to the point where they no longer need full time support.

- The provider assessed people's abilities to administer their own medicines and where they were unable to, developed plans to help the individual gain the skills to do so. A person showed us the electronic care system that helped their independence, they showed us how it reminded them to take medicines when they were not being supported and how they were able to record their experiences during the day.

- The provider had developed services which offered varying levels of support and worked with people to enable them to move to a more independent service if they wished. We saw examples of people who had commenced receiving their support from the provider in shared accommodation with full time support, and now because of the skills and confidence they had gained, they now lived in their own property with part time support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person supported by Darwin Community Support had a personalised plan of care that included information about their wishes, interests and hobbies, health diet and communication needs.
- We saw that these plans were reviewed regularly. The review sought the opinions of the person, healthcare professionals, family members and staff.
- People were listened to when they wanted to make changes to their care plans. A person told us, "I feel listened to all the time, I am in control of my care," and "my staff are brilliant but if they weren't I would say, and I wouldn't have them."
- We saw that work was being done to reduce the use of medicines to manage people's mood or behaviours with people. This means that people will be less anxious and be able to have a better quality of life. People were involved in developing these plans along with professional input.
- A family member told us, "the care staff have identified the triggers for my (relatives) anxieties, the means they are less anxious and has built up a relationship of trust with the carers so that they are able to tell them when they are feeling agitated, which for them is massive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed and documented in their plan of care.
- Where required, the provider supported people to access specialist services to assist in their communication needs such as opticians and audiologists.
- Where required the provider could offer information in other formats such as large print or easy read.
- Where possible, assistive technology was used to enable people that could not communicate verbally to have a voice.
- Carers told us that with the persons permission they would read written communications to them if they were unable to do so themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships and partake in a variety of hobbies and interests. Examples included people being supported to go on holiday.
- They were also supported to find and attend work placements, one person told us about a recent

experience of being a mystery shopper at a local supermarket.

- People told us they did a range of activities which they enjoyed doing. One person said, "I am supported to watch my local football team."
- People were supported to develop and maintain relationships with friends and family. A family member told us that since they no longer drive, staff bring their relative to see them regularly.
- We observed staff engaged with people with a calm and caring way. People responded positively to the way the staff were supporting them.

Improving care quality in response to complaints or concerns

- The provider maintained a record of complaints or concerns that had been raised with them.
- Complaints were investigated and where appropriate apologies were made, and ways to prevent a re-occurrence identified.
- People, families and staff consistently told us that they would be listened to if they had any concerns.

End of life care and support

- People were supported at the end of their life by staff who knew and understood their wishes and spiritual needs at this time.

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. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager provided strong leadership of the service and staff were clear what their roles and responsibilities were.
- There were governance systems in place and the registered manager and provider had a good oversight of the daily running of the service.
- Regular quality assurance checks were carried out by the management team and by personnel from the provider. These covered areas such as the environment, safety measures, infection control, medicines and positive behavioural support. Any issues identified were shared with the team and action taken to rectify them.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong, positive person-centred culture in the service. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

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

- People were given the opportunity to be involved in and influence the running of their support. Regular meetings were held with the people being supported to discuss what they would like and any concerns.
- Staff told us that they received regular staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.