

Swanton Care & Community Limited

Darwin Community Support

Inspection report

Badham Court
Castle Street, Hadley
Telford
Shropshire
TF1 5QX

Tel: 01952253714
Website: www.barchester.com

Date of inspection visit:
12 April 2017
13 April 2017

Date of publication:
19 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Darwin Community Support provides supported living services to people with learning disabilities in their own homes. At the time of our inspection twenty three people were receiving personal care services from the staff team who worked for the agency. Support packages varied from 24 hour support 7 days a week, to supporting people for a few hours to access leisure activities.

The inspection of this service took place on 12 and 13 April 2017 and was announced.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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 had been involved in identifying and assessing hazards and risks associated with providing their support. However, we found that some known risks had not always been managed safely to protect people from harm.

Risks had not always been properly assessed and guidance that had been put in place to protect staff was, on occasion, ineffective. In addition, staff did not always have the skills or back up to offer safe support.

Staffing issues had created challenges for the agency and at times had compromised people's safety. Overall, people felt that staffing levels were improving although some people were not receiving consistent support from a dedicated team who knew them well. This meant that the quality of care was compromised.

People were not always protected against the risks associated with medicines because staff were not always confident to manage processes safely. Policies, procedures and training required improvement to reflect the domiciliary type service provided.

People were supported by staff who knew how to keep them safe and free from abuse. Staff knew how to recognise and report concerns, problems or signs of potential abuse. The registered manager and staff team worked effectively with outside agencies to keep people safe when required.

People were supported by staff who had the basic knowledge and skills to provide effective support and further training about specialist conditions is being arranged. The registered manager was actively reviewing this issue and addressing this shortfall. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People's rights were protected under the Mental Capacity Act 2005 and people were supported to make choices in relation to the care and support they received. Staff respected people's decisions and they

supported people to ensure decisions made were in the person's best interests.

People received the appropriate amount of support to enable them to enjoy a varied and balanced diet. People's independence was promoted and staff worked with healthcare professionals to promote people's good health.

People were supported by staff who were caring and kind. People were listened to and consulted making them feel involved and in control of their care and support. People told us they were supported to remain as independent as possible and staff respected people's privacy and dignity.

People received a responsive service that reflected their individual needs and wishes. Staff were knowledgeable about people's support requirements and could offer flexible support as people's needs changed. People remained at the heart of the service provided. Care plans reflected individualised support packages that focussed on meeting people's assessed needs and their aspirations for the future.

People knew how to raise concerns and felt confident that the registered manager would listen to them. Relatives had mixed experiences of complaints effecting change although they all thought the investigation process was thorough and that they were listened to.

People told us that they were regularly asked if they were happy with the service provided. They had opportunities to be involved and consulted in the running of the service and felt that their views and ideas were listened to and acted upon to ensure the service they wanted reflected the one they received. Overall staff also felt listened to and consulted.

Systems and processes were regularly audited and outcomes were acted upon to improve the quality of the service. Not all systems and processes reflected a domiciliary type service and the registered manager was liaising with the provider to address this.

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 mostly safe.

Risks were not always managed safely to protect people from harm.

People were not always supported by staff in a safe and consistent manner.

People were not always supported by staff who had the confidence and knowledge to ensure they received their medicines as prescribed.

People were safe because staff knew how to protect them from the risk of potential abuse.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who had the basic knowledge and training to provide effective support and specialist training was being sourced to further skill the staff team.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People were supported to enjoy a varied and nutritious diet.

People were supported to access health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health.

Good ●

Is the service caring?

The service was caring.

People received care and support that was delivered by staff who

Good ●

were kind and helpful.

People were listened to and were supported to make their own decisions and choices.

People's independence was promoted.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were assessed and met in ways that they preferred.

Staff were responsive to meet people's changing needs.

People and their relatives were confident their concerns and complaints would be listened to, taken seriously and acted on. Although not everyone felt confident that changes would lead to improvements.

Is the service well-led?

Good ●

The service was well-led.

People were confident that the service was well run.

People's views were sought in relation to the quality of the service provided. Most staff felt that their views were listened to and acted upon.

There were procedures in place to monitor and review the quality of the service although these required review to reflect the domiciliary type service provided.

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 was 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 12 and 13 April 2017 and was announced. We gave the agency 24 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). 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 used this information to inform our inspection planning.

The inspection team consisted of one inspector. There were 23 people supported in 19 properties. We were invited to visit people in their homes as well as spending time at the office and speaking with relatives and staff over the phone.

As part of the inspection we spoke with six people who used the service and five people's relatives. We spoke with the registered manager and six staff who worked in various roles. We looked at extracts from four people's care and support plans. We reviewed two staff files. We also looked at a range of quality audits and action plans. These showed us how the provider monitored the quality of the service provided.

Is the service safe?

Our findings

People who received a service told us they received support that kept them safe. For example, they said that staff assisted them to secure their home, to go shopping and manage their money. One person told us, "They make sure I am safe, especially when they leave me at the end of the day." One person had recently had a couple of falls. Staff had introduced risk assessments to look at their home environment and implemented ways to reduce these falls where possible. They had worked with the community nurse to ensure the person remained safe. People told us they had been involved in identifying and assessing hazards and risks however we found that known risks were not always managed safely to protect people from harm. For example, one person required the use of a hoist to assist them to move from one place to another. This person had no moving and handling assessment in their file and there were identified issues relating to supporting them safely. Staff had no clear guidance as to how to safely move the person and this could lead to the person (or the staff member) being harmed. The registered manager told us how they had liaised with outside agencies to achieve a resolution to this issue.

Other issues were identified in relation to keeping people safe. We found that one person who had complex behaviours was not receiving safe support at times when they displayed behaviours that challenged. One staff member had been involved in an incident prior to them receiving training on how to manage the person safely. Risks had not been properly assessed and guidance that had been put in place to protect staff was ineffective. In addition, staffing issues meant that often staff from an external agency supported the person and they did not have the skills or back up to offer safe support. For example, one staff member told us the external agency staff did not know to call the office for support during incidents and were not aware they had to complete incident forms. Staff told us there was no emergency procedure in place and no lone working risk assessment. Following the inspection the registered manager told us they have introduced an induction for external agency staff to cover all areas of support required and arranged a multi-disciplinary meeting to discuss strategies to safely support the person with complex needs.

People told us they were supported by staff who had sufficient time to carry out tasks required of them safely. Relatives of people who used the service told us that staffing issues had created challenges for the agency and at times had compromised people's safety. Overall, people felt that staffing levels were improving although some people were not receiving consistent support from a dedicated team who knew them well. This meant that the quality of care was compromised.

The registered manager told us that recruitment had been problematic and they were aware of the impact that this had on the service provided. One relative told us, there had been issues at the start of the service as there were not enough staff to accommodate the support hours required. The registered manager told us they were currently recruiting for staff. Since the inspection the registered manager has successfully recruited a number of new staff to begin to resolve the staffing issues.

People were not always protected against the risks associated with medicines because staff were not always confident to manage processes safely. People who spoke with us received varying levels of support to manage their medicines. Staff promoted people's independence throughout the process and the registered

manager told us they used a competency tool to assess how well a person might manage the process. One person, for example, knew when to administer their medicines and used a monitored dose system to know what to take. The same person needed support to order medicines and they confirmed staff helped with this. One person managed their own medicines and the doctor had provided them with pictures of medicines to use as a visual aid.

We looked at arrangements in place for when a person refused to take their medicines. Current arrangements were not very clear and there was no formal process in place for staff to follow. Given the potential harm that not taking a named medicine could cause, the registered manager agreed to formalise arrangements to ensure staff shared information to protect the person. There had been no incidents of harm caused and the person's relative oversaw their medicines. Likewise, the registered manager liaising with the GP to write a protocol to support the safe use of oxygen.

Some people had been prescribed controlled medicines. The procedure for recording totals had not been identified and staff were confused as to their responsibilities in this area. We looked at the agency's policy for managing medicines and found that it referred to residential services and was not specific to support the administration and recording of medicines in people's own homes. We saw that spot checks carried out also reflected a residential type service. Staff told us that the training was good but again reflected residential services. This meant that some practices were inappropriate for use in people's own homes. Some people required medicines to be given as and when required. Protocols were vague and did not identify under what circumstances the medicines should be given. This meant that administration was open to interpretation and the person may not receive the medicine when they needed it. Some senior staff were not confident about the administration of medicines and not clear about their role. They said they would welcome more training and the registered manager is now reviewing arrangements. The policy is already under review by the provider.

People were protected from harm because staff knew how to keep them safe from potential abuse. Staff knew what to do if they had a concern about a person's safety and all of the staff we spoke with were confident they could recognise signs of possible abuse. Staff told us how they had passed information to senior staff when they had identified concerns. Senior staff, including the registered manager, demonstrated that they knew the procedure for reporting concerns to outside agencies, including the police. They shared examples of how they had worked with such agencies to investigate concerns and ensure the on-going protection of the person they supported. Plans were in place to protect staff from allegations of abuse or poor practice. We were told how one investigation had been carried out thoroughly and action taken to ensure the likelihood of a similar allegation being made was reduced.

People were supported by staff who had been properly checked to ensure they had the right background and attributes to support people safely and effectively. The registered manager was in the process of reviewing staff files to ensure they contained all relevant information. We looked at the recruitment files of two staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process. For example, staff had provided written references and had checks made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. We spoke with one staff member who confirmed they had been through this process. They understood the reasons they could not start work until all checks had been carried out. The registered manager had explored gaps in people's employment history however had not always recorded this. They committed to do this for the future to ensure there was an audit trail to support decision making.

Is the service effective?

Our findings

People who used the service, and their relatives, told us that overall people received effective support. One person told us, "I'm very happy with my staff team." Another person said, "Staff know how I like to be supported and take me to places that I like to go." A relative told us, "We are very satisfied with the service and the support received from the agency." People thought that staff were effective because they knew them well and understood their needs. One person told us, "They know what they are doing and help me with everything I need."

Overall people, and their relatives, said that staff had the skills and knowledge to meet people's needs effectively. Staff could meet people's basic care and support needs effectively because they felt well trained and supported to do so. One staff member told us, "The level of training is absolutely fantastic." A relative, who was very satisfied with the staff level of training said, "Training is all very well but you need to get to know [person's name] and gain their trust." They considered that staff had done this well.

One relative told us, "You can't fault the staff as people. They are kind and approachable but some don't get the person's condition." Some staff identified they could be more effective if they had a greater knowledge and awareness of specialist areas, including the complex needs and medical conditions that people were living with. For example, one staff member said that they would welcome more mental health knowledge to enable them to understand one person's complex needs and offer more appropriate support. One staff member told us, "Basic training is great but not specialist." One area where staff considered improvement was needed was in relation to supporting people with behaviours that challenged. Some staff had not received the training required to manage a situation until after an incident and one staff member had concerns that staff who were used from outside agencies had received no training or guidance to manage incidents and this would make them vulnerable. One staff member told us that moving and handling training could also be improved as it is currently done via e learning. This meant that staff did not have practical experience of moving people.

The registered manager told us that training was an area they had identified as requiring improvement. They were prioritising shortfalls in training after speaking with staff and identifying gaps in skills and knowledge. For example, the registered manager had identified that training in relation to DOLs was not appropriate and was looking to address this. Not everyone had done formal safeguarding training but this was also being addressed and everyone we spoke with understood and could recognise potential signs of abuse. The registered manager had also secured training in relation to autism and Makaton. Both had been identified by staff as a training need.

Staff told us they had received a good induction which gave them the skills and knowledge that they needed. One staff member described their induction as being 'fantastic'. Another staff member told us that a good induction had been especially beneficial as they had no previous care experience. They felt confident to start their job after they had completed some shifts where they worked alongside a more experienced staff member. They told us that they felt the key to providing effective support was the detailed care plans that they were reading. They considered they contained detailed information to enable them to offer

consistent support.

Staff had all signed up to the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff felt well supported by colleagues and team leaders. One staff member said, "I'm very happy with the support I've received so far." Most staff felt well supported by management although some staff identified that improved communication would make them more effective as a team. For example one staff member told us there had been a review meeting with the local authority planned but carers had not been consulted. Other staff had had positive experiences. One staff member told us, "The registered manager is very approachable and I'm part of a friendly team. You can always call in at the office if you have a question and I would be confident to."

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. Where a person lacks mental capacity to take particular decisions, any made of their behalf must be in their best interests and be as least restrictive to the person as possible. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and staff had received training to enhance their understanding. We saw that when people had been assessed as lacking capacity to make certain decisions meeting had taken place to support the person and make decisions in their best interest. We saw that those meetings involved the person and decisions were documented and agreed by all involved. We spoke with a relative who had been involved in this process and they were very satisfied with the outcome and the process.

People who spoke with us said they were able to make their own decisions and they were supported to do so. The support people required to enable them to make decisions and choices was detailed in their care plan. For example one person's plan said, "I am to be involved in all decisions. Make sure I understand what is being discussed." Another person's plan said they were able to make decisions but were not always understanding of the consequences. Staff were clear about people's rights to make decisions and actively promoted people to do so. A relative told us how they worked positively with staff to share information and assist their family member to make choices and decisions.

The people we spoke with told us how staff supported them to maintain a healthy and nutritious diet. People told us staff came and helped them prepare the meals they had chosen. People's nutritional and hydration needs were documented when necessary and staff told us that any special dietary requirements would be recorded to ensure they only offered people appropriate choices. Staff were knowledgeable about people's dietary needs and this meant they could offer effective support to people.

We saw that one person was supported to eat a healthy diet and there was a menu plan in place to assist with this process. One person's menu plan showed they were having their favourite meal on the day we visited. They told us how they helped with meal preparation and enjoyed taking part. Staff later told us that some people preferred staff to do the cooking and did not enjoy helping. Staff told us that they always encouraged people to join in even if they did not complete the whole process.

People were supported to have their health needs met. People told us that staff helped them to make health appointments and supported them to attend if necessary. One person told us how staff supported them to monitor a health condition so they could remain well. A relative told us that the person was knowledgeable

of their own condition but was reassured that staff could help them if needed. One person told us how they regularly saw the doctor and they were happy to do this independently.

Staff told us how they worked with healthcare professionals to ensure people who used the service received the support they needed to remain in good health. For example, one staff member said they worked with a district nurse to monitor a person between their visits. They told us that they shared information effectively to ensure continuity of care. The person told us they were currently feeling well as a result. Information about people's health conditions was documented in people's care files as were their support needs to effectively manage the condition.

One relative told us that staff worked with the family and healthcare professionals to assess their family member's mobility and work out how they could safely support the person as their condition changed. They were satisfied that staff understood the person's needs in relation to remaining in good health.

One person who used the service showed us their 'hospital passport'. This was a document that had been completed by the person, with support from their staff team. It detailed essential support information that a healthcare professional would need to be aware of to offer effective support should the person be required to remain in hospital. The person told us they thought this passport was a 'good idea'.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Everyone spoke positively about the staff team. One person told us, "Staff are very caring. They are very kind and nice to me." Another person told us, "I think the world of them [the staff]. I don't know what I would do without them. They are wonderful." A relative told us, "Personal care is excellent."

Everyone we spoke with told us they wanted to live as independently as they were able and they all said that staff helped them to achieve this. One person told us, "Staff are kind and helpful. They are helping me to be independent." They went on to share examples of how staff helped them to plan meals, to shop and how to budget. One person told us that they were now independent overnight and this was important to them. We saw that staff had put safeguards in place to enable this to happen. Staff told us that their aim was to always promote people's independence and enable and support them to live independent lives. They shared examples of how they offered people opportunities to do things for themselves. They said that some people required only minimal support whereas some people needed high levels of support. They said that, even when people needed a lot of assistance, they still made sure that people did as much as they could for themselves. For example one person was unable to cook meals but they were able to assist with meal preparation.

People told us staff always listened to them, and consulted with them in relation to how they wanted to live their lives. We heard staff asking people what they wanted to do, where they wanted to go, what they would like to eat. They also asked people their opinions, offered informed choices and involved them in decision making. Plans were individualised and reflected people's support needs. By promoting people's independence, people were able to remain in control of how they lived their lives.

Relatives told us they felt informed and consulted. Staff told us how they promoted people's rights and decisions and balanced this against listening to and respecting the views and opinions of people in the person's support circle. They recognised that support had to be sensitive to ensure positive relationships could be maintained between people who used the service and people who were important to them.

People were supported to maintain contact with people who were important to them and develop positive relationships. One person told us, "They [staff] have helped me develop friendships and this has been nice." Staff recognised the importance of this to ensure people did not become socially isolated. One person told us they regularly came to the office to do some administrative tasks. They said they looked forward to doing this.

One person told us that staff supported them to pursue their dreams and goals. One person told us how they loved visiting a certain city. When we visited them at their home we saw many souvenirs of their visits displayed and they were happy to tell us about their experiences. Staff had enabled the person to achieve this. Other people shared similar stories.

People were supported by staff who treated them with respect. One person told us, "They are all very

respectful. They are patient with me and let me do things my way." One person told us, "Staff are all very polite." A relative told us, "Carers are always polite and respectful." We saw staff to be positive and considerate in their approach when supporting people. They were polite and reassuring.

Staff told us how they respected people's individuality and treated people accordingly. When staff spoke with family members they were mindful of respecting confidentiality although one relative told us that this could be improved as some staff shared more information than others. A new member of staff told us how they were getting to know the person before reading about their behaviours. Staff told us that they let people tell them what they wanted on a day to day basis and they respected people's decisions and choices while considering their individual needs. People's preferences were always respected. For example, one person's care plan stated that they did not like to have their first name shortened. Staff introduced this person to us using their full name. We saw staff redirecting people discreetly and treat people with respect at all times. Staff told us that they were mindful that they were guests in people's homes and they behaved accordingly.

People's privacy was respected. We saw staff encourage people to answer their own door and telephone. We heard staff offer to speak with people in private and closed the door when doing this. Staff told us that, although people were living in their own homes, they still reminded them to draw their curtains and close doors when washing and bathing.

Is the service responsive?

Our findings

People were at the centre of their support. One person told us, "Staff are very good and very helpful." Another person said, "I am settling in well. I have good support and it's done my way." People told us that they had helped to develop their own care plans. They sat in on reviews and staff meetings to ensure their needs and wishes were considered and met. When people's needs changed they were also involved and consulted. This meant staff could be responsive to meet people's individual needs and preferences. One person showed us their care plan. It was very person centred and they told us they had been fully involved in developing it. They said that it accurately reflected their needs.

We spoke with a relative who told us how the agency provided a responsive service. They said that their family member's health and mood changed regularly and so support had to be delivered accordingly. The relative said they had been involved in developing the care plan and that they worked well with staff. They said the care plan enabled flexibility and "All the little details are included."

People had a written plan called 'understanding me'. One person's plan said they liked a structured activities schedule to prevent them from becoming bored. Staff were aware of this and supporting the person accordingly. These plans enabled staff to offer individualised support centred on the identified needs and wishes of the person who used the service.

Staff were responsive to meet people's needs when the person was unable to verbally communicate their needs and wishes. Staff told us they did this by getting to know the person well. A relative confirmed that staff knew their family member well and so were able to respond to their needs and wishes. We saw staff support this person. They used a range of signs and visual prompts to communicate.

People told us that they made plans as to what they did each day and that if they changed their mind then they were able to do so. People had also identified goals that they wished to achieve. Staff supported them to achieve these. For example, one person wanted to plan a holiday. Staff told us how they were supporting the person to do this. Another person wanted to manage their own medicines and we saw how staff had broken down the individual tasks required to achieve this. They told us that it was going well.

One person told us that staff helped them to manage their money and that sometimes they had to change their plans depending on how much money they had left. Staff told us that they supported people with budgeting.

The registered manager told us that people had their support needs assessed prior to them moving into their home and before they received support. People who used the service and their relatives told us they had been involved in this process. Assessments formed the basis of people care and support plans.

People who spoke with us said they knew who to speak to if they had a worry or a concern and they knew how to make a complaint. One person said, "I would talk to the staff." Another person said, "I would ring the manager." Everyone said they would be confident to do this and felt they would be listened to. A relative

said "I'm very happy. I trust them. Any issues they contact me and I would contact them." We saw staff and the registered manager informally addressing issues for people during our visit. Issues were resolved promptly and to people's satisfaction. One relative told us they had received a mixed response to making complaints because their complaints had not always effected changes or improvements. They said that for the future however they were hopeful that issues would be addressed appropriately.

Staff knew there was a complaints procedure in place and were confident that the registered manager would listen to complaints and take prompt action if they shared concerns on behalf of people. We saw the complaints procedure was available in a pictorial format making it accessible and easy to follow. We saw the registered manager had a system in place to record complaints and their outcomes.

The registered manager was currently investigating a complaint. We spoke with the complainants and they said they had felt confident to raise the complaint but were still awaiting a resolution so could not comment further.

Is the service well-led?

Our findings

People told us that they considered the service provided by Darwin Community Support to be very good. People spoke highly of the registered manager, the team leaders and the support staff team. Relatives told us that they had recently seen improvements in the quality of the service provided and overall they also considered the service to be well run. One relative told us, "You can't fault the registered manager. They try their best with what they've got."

We spoke with the registered manager who was fully aware of the strengths and challenges faced by the service. They told us, "It has been a tough year. Challenges have been staffing issues and the amount of administrative tasks." They told us that both of these issues were improving and they had plans to ensure further improvement. A relative confirmed this and told us, "I am very happy. In the past there have been issues with carers not being reliable but this has improved." Another relative said, "The right carers have been introduced to meet [family member's name] specific needs. I have had experience of being let down by carers but this has improved." The registered manager identified priorities for action and these included reviewing staffing, training and ensuring policies and procedures reflected a domiciliary type service.

The registered manager told us how people were involved in the running of the service. They told us that staff teams met in people's homes, with the person's agreement, so they would be an active part of conversations and plans. This meant that support could be arranged around the needs of the person and after considering their wishes and preferences. People were supported to attend staff team meetings. Staff told us the quality of these meetings was improving. We saw the minutes of the latest meeting. They identified that recording practices and training had been discussed. The outcome identified was to improve communication. Overall feedback about the registered manager was very positive. One staff member told us, "You can tell her [the registered manager] anything." Some staff told us that improvements to communication would improve the service and the registered manager fully supported this. Most staff felt consulted in relation to how the service was delivered.

People felt consulted and involved in how the service was run. One person told us they visited the office regularly to help with administrative tasks. Other people told us that they were involved in team meetings and often fed back information from those meetings to their staff team. Senior staff regularly visited people who used the service to check they were satisfied with their care and support. People who used the service and relatives told us they had completed questionnaires about the running of the service and we saw how responses had been collated by the provider to identify areas where the service was doing well and areas for improvement.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to sharing information and had done so

appropriately.

The registered manager felt well supported and liaised with other managers to develop ideas and share experiences. The provider, Swanton Care and Community Limited, operated mainly residential services and this meant that some systems and policies needed adapting to reflect the service provided by Darwin Community Support. This process had started and the registered manager was to be actively involved in the process.

The provider's head of governance and quality visited the agency regularly and carried out quality assessments. The latest quality review report identified areas where improvements were required and also commented on improvements. We saw a range of audits that reflected positively on the service provided. Audits showed that routine and regular checks were carried out to monitor the service provided. They had been effective in identifying shortfalls that had enabled the registered manager to actively address them thus improving the quality of the service. Some audits however did not seem very relevant to the domiciliary type service provided. For example the food storage and hygiene audit. Despite this staff had used the tool and effectively identified areas where improvement was required. For example they had identified a build-up of ice in a person's freezer and had acted to address it.

We saw how senior staff carried out 'spot checks' on staff to ensure the quality of the support. We saw that five had been completed in April 2017. They had assessed the administration of medicines, staff appearance and observations of meal preparation. They also took the opportunity to ensure care plans were up to date.