Swanton Care & Community Limited

Darwin Place

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 23 and 28 September 2016. The first day was unannounced and the second day was announced.

Darwin Place Residential Home offers accommodation for up to seven people with learning disabilities or autistic spectrum disorders. There were seven people living at the home at the time of our inspection. The home consists of a main bungalow where four people lived, and three individual flats.

The service was previously inspected on 8 August 2013 and met all requirements of the law.

There was not a registered manager in post at the time of our visit. 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. There was an acting manager in post who was unavailable on our first day. This person had been employed by the service since 6 June 2016. They were currently processing their application to be registered with the Care Quality Commission (CQC).

People were protected from the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had. Staff knew how to support people safely. Risks associated with people's care and support had been appropriately assessed and included ways to enable people to take risks, which respected their wish to try new things. Staff were knowledgeable about the Mental Capacity Act and enabled people to make decisions for themselves as far as possible.

There were sufficient staff employed to meet the needs of each individual living at the service. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe. People were supported by a staff team who had the knowledge and motivation to be able to enhance their lives. People's independence was actively promoted. People and their families were included in any decision making and their views respected about what they wanted to do each day. Relatives were fully involved in the lives of their family members and good levels of communication were maintained. People were supported to access external healthcare support when required. The staff team had developed excellent collaborative relationships with the external professionals. They all worked together to ensure people's health needs were proactively met.

People had their nutritional needs assessed and people were supported to be involved in meal preparation. Mealtimes were friendly and sociable occasions with much interaction between people and staff. People were supported to take their medicines as prescribed by staff who knew what they were for. Medicines were ordered, stored and dispensed according to national guidelines.

Staff supported people in a caring, respectful and dignified way. People and their families were fully involved

in the development of individual care and support plans. Activities were both joint and individual to the person and much support was provided to enable people to take part. People were actively supported to talk about their views on the service provided, and make a complaint if required.

The acting manager was approachable. There was a positive and inclusive culture in the service where the staff and manager worked together as a team to ensure people's needs and wishes were met. The provider had checks in place to monitor the quality of the service and encouraged staff to drive improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People were supported to be safe by a staff team who knew them well. Risks to people's safety were assessed and minimised. People were supported by sufficient numbers of staff to help people to live their lives as they wished. People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.
People were supported to make choices about the care and support they received. People were supported by a staff team who had the skills and knowledge to promote their independence. People were supported to have the right amount of food and drink to maintain good health. Staff supported people to access health services as required.

Is the service caring?

Good

The service was caring.
People were supported by a staff team who respected and cared about them. People's own views and wishes were taken into consideration when providing care and support. People were content and treated with dignity and compassion.

Is the service responsive?

Good

The service was responsive.
Staff responded to the wishes of people and supported them to make decisions about their lives. People were encouraged to maintain family relationships. People were supported to be involved in the local community and develop friendships out of the service.

Is the service well-led?

Good

The service was well-led.
People were involved in how the home was run. Staff were supported by an experienced manager. There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

Darwin Place

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.

The inspection took place on 23 and 28 September 2016. The first day was unannounced, and the second day was announced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Report (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection we spent time with people in the communal areas of the home. We spoke with six people who used the service and five of their relatives to get their views of the service. We spoke with seven members of support staff, the acting manager and the business manager. We also spoke with two external health and social care professionals who supported the service. We looked at the care records of one person who used the service and a range of records relating to the running of the service including audits carried out by the acting manager and registered provider.

Good

Is the service safe?

Our findings

We spent time with people who lived at the service. We saw people were protected from the risk of harm by staff who knew them well. Staff told us they had received training in how to recognise when people may be at risk of abuse and harm. People living at the service required a very high level of staff support to be safe in their environment. Staff told us how they protected people from discrimination, both in the home and outside. They said that they accepted the people they supported for who they were. One staff member said, "[Person's name] is a human being with the same rights as me. Just because they need help does not mean they should not be able to do things." All the staff members we spoke with were able to tell us what action they would take if they had concerns about people's safety and well-being. They said that they would speak to the acting manager. They were confident that the manager would deal with the matter immediately. They also knew how to report any concerns to the senior management team or to external organisations such as the local authority or Care Quality Commission (CQC) if they needed to.

Staff told us that people's ability to respond to situations varied from day-to-day. For this reason, risks to people's well-being were constantly being reviewed. Staff showed an in-depth knowledge of each individual. This enabled them to recognise changes in people's behaviour which could increase the risk of harm or conflict. We were told that some people, because of their complex needs, could not cope well with noise and busy environments. For example, one person would, occasionally, become anxious if other people in the home were noisy. The staff were able to recognise changes in this person's demeanour and support them to go to a quieter area of the home. We saw that this person quickly settled once away from the noisier area. This action was enough to reduce the person's anxiety and prevent conflict between people.

Some of the people living at the home were at risk of injury because they could knock themselves on sharp edges. We saw that this had been considered when furnishing the communal areas. The furniture in the lounge did not have sharp corners or any trip hazards. This action had lessened the possibility of injuries occurring to people.

We saw that staff communicated well with each other and, if any new risks for people were highlighted, they shared this information with their colleagues. Any risks to people with regard to their support needs in an emergency, such as admission to hospital were assessed. People had a 'hospital passport' assessment. This contained detailed information about each individual, any risks around their safety and how they should be supported when in hospital. All people had Personal Emergency Evacuation Plans (PEEP). A PEEP provides information for the staff and emergency services about what support each person would require in the event of an emergency such as a fire.

People were cared for by sufficient numbers of staff. We saw that care and support was provided for the people in a timely manner at all times during our inspection. People were seen to receive relaxed and friendly support as staff had enough time to support people well. The provider was currently recruiting new staff to the service. In the interim, some shifts were being filled by agency staff. The team leader told us how they worked to have the same agency staff to ensure continuity. We spoke with an agency staff member who told us that they had undertaken many shifts in the service and knew the people well. They confirmed that

they received an induction which covered areas such as fire safety and emergency information.

The provider had taken steps to protect people from staff who may not be suitable to support them. Before staff were employed the provider carried out checks to determine if staff were of good character, took up references from previous employers and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of their recruitment process.

People were supported to take their medicines as prescribed in line with good practice and national guidance. We observed a staff member supporting a person to take their medicines. They talked with the person and asked them if they wanted to take their pain relief tablets. Two people received their medicines with yoghurt. This was because they had difficulty swallowing the tablets. We saw that the correct procedures had been followed to allow this. People had their medicines reviewed by their doctor yearly. This was to ensure that their medicines were still required. We saw that one person who used to have many medicines now had very few. This was because their condition had improved and they no longer required them. Staff received regular training to be able to administer people's medicines and senior staff regularly audited people's medicines. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines.

Good

Is the service effective?

Our findings

People were supported by staff who were well motivated and trained to support them effectively. We were unable to find out the views of some of the people who lived at the service about staff's knowledge and skills. This was due to their complex needs. However, we observed how the staff interacted with people during the day. All staff members we saw were able to demonstrate in-depth knowledge and understanding of both the physical and emotional needs of each person as they spent time together. We saw that staff asked people's views about what they wanted to do and encouraged them to be involved in decisions. Two people who were able to tell us their views said that the staff team supported them every day to live their own lives. One person said, "The staff help me to be safe but they let me be me. I am very happy living here." The second person told us that their keyworker helped them to do things in their flat every day. We observed staff supporting people with their daily needs. We saw they were confident and kind in their approach and had the skills needed to care for people safely.

Staff told us that they received training to enable them to support people well. This included learning awareness of what could make a person become anxious or aggressive. One staff member told us, "All staff need to know is what makes each person tick. If we know why someone gets upset, we can then try and prevent this happening." New staff undertook basic training before they started working at the home. They were then supported by a senior staff member when working in the home. The provider had recently introduced a new e-learning training programme. The acting manager was reviewing the new training available to the staff. They told us they had identified areas where they could support staff to increase their knowledge and ability. One staff member said, "Although I am happy with the training, I would like to do more specific training. For example, I would like to learn more about supporting people with different types of autism, because they are all different. That would make us flourish." We saw that this idea was already being considered by the acting manager. In addition to their training, the staff team benefitted from individual support sessions and appraisals where they could talk about their role and any worries they had.

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 interest and as least restrictive as possible. We found from speaking with staff that they understood the principles of the MCA. We heard staff asking people and explaining what their choices were. People's responses to this approach varied from no response to being able to tell staff what they wanted. However, we saw that the staff team did not make assumptions about what people wanted. One staff member said, "We never assume what people want. If they can't tell us then we look at their body language and facial expressions." Another staff member commented, "[Person's name] may not be able to speak, but they always let us know what they want by their actions." Where people did not have capacity the acting manager had made sure decisions were made on people's behalf. This included consultation with them and their relatives and were made in their best interest. One relative told us, "We are fully involved in [Person's name] decisions. Nothing happens without discussion. [Person's name] is unable to be involved so we speak on their behalf."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. All people living at the service had a current DoLS authorisation in place. These related to the reasons why each person was unable to go out unaccompanied. However, each person was enabled to go out when they wished with support from their key support workers, therefore any restrictions on going out were minimised by the staff team.

We saw that one person living at the service used arm splints to prevent them hurting themselves. We saw that all decisions about the use of the splints were in line with legislation regarding restraint. We discussed the use of the splints with the person's relative who had been involved in decisions about their use. They told us, "[Person's name] is happy with their splints. They have been effective in preventing injury."

People were supported to eat and drink well. Staff knew people's likes and dislikes with regard to food and drink. This information had been acquired by talking with people and their families, using the communication plans in place. Meals and drinks were prepared by the staff team. The people who lived in the residential flats were assisted to prepare their own meals. They were also able to join others to eat in the main house if they wished. One person was being supported to prepare healthy meals for themselves by the staff. They had a personal menu plan, which they had made with the local slimming club coordinator. They told us that they were pleased with the menu and were looking forward to losing some weight. The Speech and Language Team (SaLT) were involved in the assessment of nutritional intake for one person who was unable to chew. The staff team followed the recommendations from their assessments to reduce this person's risk of choking.

People were supported to access healthcare services when required. These included their GP, district nurses, clinical psychologists and the community support teams. They also had access to the NHS screening services. One person who recently came to live at the home told us about their own health issues. They said that the staff team had supported them to access a health review with a doctor as they were unwell. They said, "I was on the wrong medicine. I am now on the right medicine and I feel much better." We saw that the staff team were confident in accessing emergency treatment for people. For example, when one person became distressed when being assisted to brush their teeth, the staff member contacted the emergency dentist. The treatment provided by the dentist reduced the person's pain and so they became calm again. Two healthcare professionals who worked with people living at the home told us, "It is hard to find a bad word to say about the staff team. They are very responsive to people's needs. We see that they are very caring and supportive." They also said, "They (staff) are very proactive and work with us as a team. It is lovely that we can achieve what we want to achieve for the people."

Good

Is the service caring?

Our findings

People lived in a home where positive and caring relationships with staff and each other were developed. People living at the service had very complex disabilities and required a high level of support and supervision. We observed staff to be very motivated and confident in how they supported people. They interacted with people in a kind, caring and happy manner. We saw that people were relaxed and content as they spent time with staff. We spent time with one person who was unable to verbally communicate their needs. Staff were able to anticipate their needs, because they knew the person so well. Staff were seen to support the person with their personal care needs in a discreet and dignified way. This was because staff recognised their physical mannerisms, which they used when they needed personal assistance and acted on them.

One person told us that they were able to do as they wanted, because the staff helped them. They told us that they were soon going to live in a bungalow and were looking forward to it. They said, "I am going with the staff to look at it today. I need to buy new stuff for it." The interaction between this person and the staff was positive, warm and caring. They focussed on what made the person happy. We saw that the staff team reassured the person about moving out of the home. They talked about the person's new community support team and how they would support them. Arrangements were being made to enable this person to spend full days and some nights at their bungalow with their keyworker. This had been arranged to support the person to successfully transfer to independent living.

The relative of one person told us that their family member came to live at the home at a difficult time in their life. The relative recalled how the staff team worked with the person to help them settle into their room. They told us, "[Person's name] was scared in the night. The staff worked with them to develop coping strategies to reduce their anxiety. They are now happy to spend time in their room." This relative also said, "[Person's name] and the staff are always pleased to see each other. The staff always make a fuss of them and they respond very well to this."

Routines were minimised in the home to allow people to have spontaneity in what they did. However, some people required more specific routines to enable them to be comfortable and have control in their lives. A staff member told us, "We have been taught how to help the people we support to make positive behaviour choices which help them to maintain control over their lives." Each person was supported in a very individual manner. We saw that the staff had an exceptional ability to help people to express their views. This was due to the staff team's high level of understanding of how to develop the person's communication skills and thought processes. For example, one person had been supported by the Speech and Language Team (SaLT) to develop their own visual interaction poster which prompted them to remember what they needed to do each day. This poster included Makaton signs so they could understand it. Makaton is a method of communication using hand signs and simple drawings. The person and the staff member referred to this poster to help the person communicate and express their views.

Each keyworker acted as an advocate for people to support their day to day decisions. However, people were enabled to access the services of an external advocate to support them to make decisions with major

or important consequences. One person had their own private advocate who was available if required.

We saw that people living at the service were cared for in a dignified and compassionate manner at all times. The staff team ensured that personal care needs were undertaken in private and that discussions about care and support needs were discreet. One person who lived in a flat had a sign on their door saying, '[Person's name] home. Please knock and wait until I answer the door.' They told us that they had made the sign and that everyone respected their privacy. There was a culture of mutual respect throughout the service. Staff and people, where possible, looked out for each other and encouraged people to care for each other. One relative told us, "The staff team care about [family member] always. It is that simple."

Good

Is the service responsive?

Our findings

People's care and support was provided by a staff team who were able to demonstrate an in-depth knowledge of each person's needs and abilities. The main focus was on improvement of people's wellbeing and prevention of anxiety. The staff members had a high level of knowledge about each person, including what worried them or made them unhappy. This knowledge enabled the staff team to respond straight away to subtle changes in people's demeanour. Relatives were very much involved in working with the staff team to bring out the best in each person living at the service. One relative told us," [Person's name] has a health action plan which has been agreed between us, the staff and the healthcare professionals caring for them. [Person] has ongoing health issues and we all work together to make best interest decisions as they are not able to make their own decisions."

People had detailed care plans in place which contained guidance for staff in relation to each area of their needs. These plans were individual to the person. The information provided guidance for staff in how to meet people's needs in a safe and person-centred way. The content of the plans was also available in a pictorial format so that people could understand their care and support plans. For example, entries in people's plans gave information about what circumstances triggered people's anxiety and what to actions to take or avoid to prevent this. This section was called 'Understand me.'

People were supported to achieve their full potential, undertake further education and develop their life and social skills. Each person had their own personal goal plans. These plans were developed in order to support each person to identify new things they wished to achieve in their lives. Two people were supported to attend college to continue their education. One person was not able to attend college, but the staff team supported them to learn new things by the use of their computer tablet. They were supported to download apps they wanted and to listen to music.

Staff knew what was important to people and were able to describe what worked well for each person. They explained ways they supported people to achieve their full potential. For example, one person loved to be in water, but was unable to understand the dangers. Staff saw that being in water reduced the person's episodes of anxious behaviour. The staff team arranged many water-based activities for them. These included canoeing, swimming and spending time in their sensory bathtub, which had changing lights. The relative of this person told us, "[Person's name] loves being in the water. The staff, especially their keyworker, has transformed their care." Other pastimes included going out from daily walks together, spending time in the village and learning new interactive games.

If people living at Darwin Place needed to be admitted to hospital for a period of time, their keyworkers went to the hospital to assist the hospital team in providing care. This action helped the person to receive the required treatment in a timely manner and prevented distressed behaviour due to the person being in an environment they did not know.

The provider's complaint procedure was in an easy to understand format for the people living at the home. Two people living at the home told us that they knew how to complain if they were unhappy about anything.

Both people told us that they would tell their keyworker if they were upset about something. They both said, "[staff member] would sort it out for me." Other people required more support from their relatives and staff team to be able to complain. Staff told us that they would be aware if someone was unhappy because their demeanour would change. If this happened then they would support the person to express how they were feeling. Relatives told us that they knew how to make a complaint and were aware of the provider's complaints procedure. All relatives we spoke with said they would be happy to approach the staff if they had any concerns. One relative said, "I would be confident that the manager would deal with anything. I have never needed to complain so far." Another relative told us about their need to make a complaint. They said that the complaint was dealt with in a satisfactory manner.

Good

Is the service well-led?

Our findings

The acting manager had been in post since 6 June 2016. They were currently undertaking the registration process with CQC. They were already a CQC registered manager for their previous service and were fully aware of their responsibilities as a registered manager. We saw that the acting manager had brought a very positive influence to the staff in the service. The acting manager told us, "I lead by example. The staff are getting to know me and what I expect of them. I operate an open door policy so staff can talk to me at any time." One staff member said, "The new manager is very good. They push us hard and expect us to take responsibility for our actions. I enjoy this level of trust in me." Another staff member told us, "We feel that the manager is in this with us. They understand the stresses of the job and always praise us for a job well done." A staff member agreed with this comment and told us, "The manager would not allow poor practice, but would help us to improve."

People looked happy and relaxed throughout our time in the home. Staff said that they thought the culture of the home was one of a homely, relaxed and supportive environment. One staff member told us, "I love working here, it is not like work. We have great relationships with the people living here." All staff told us that they were committed to providing a good quality service. Staff knew what was expected of them and were motivated in their work. Staff also told us that they were confident that they would be listened to if they had concerns about the service. One staff member said, "I think that all of us would not tolerate poor practice. I would certainly be confident to report poor practice."

Staff told us there were arrangements in place to support them, such as regular individual and team meetings. The acting manager was supporting the team leaders to be more confident in undertaking supervisions with the care team. Staff told us that the provider recognised people's skills and abilities. Staff have the opportunity to be promoted within the service. Current team leaders have been promoted from a carer's role. One team leader said, "Getting this job was wonderful. I feel that I matter to the company."

The acting manager told us that they felt much supported by the provider. They said that they had many plans for continuous improvement of the service. They said that the senior team were supportive of their plans to increase confidence and encourage initiative with staff. One major initiative they intended to introduce in the service was the Person Centred Active Support system. This was a system which introduced a way of working that enabled all people, no matter what their level of intellectual or physical disability, to make choices and participate in meaningful activities and social relationships. We spoke with the regional manager who confirmed that they were looking at this method of supporting people and staff.

The service had, historically, a difficult relationship with their neighbours. People living nearby expressed dissatisfaction about the service being near to their properties. The acting manager had met with these people to talk about the service and to allay any concerns the neighbours may have had. This dialogue was ongoing. The acting manager told us, "I think most people who attended the meeting now have a better understanding of who we are. My door is always open for them if they ever wanted to talk to me."

The provider had systems in place to record and monitor all areas of the service for people. The home

manager took day to day responsibility for the recording and collating of accidents, incidents, complaints and compliments. This information was then reviewed by the provider and reports made at the head office. Where required, action plans would be formulated to enable staff to learn from what happened and to reduce the risk reoccurrence.

People and their relatives were offered the opportunity to take part in surveys about the care provision in the home. The results were collated by the head office team and the information used to identify shortfalls and improve future support for people. The latest survey had been completed in September 2016. Comments from the survey showed that people and their relatives were happy with the service provided. Responses included comments that staff were approachable and patient, and communication was good.