

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Darwin DCA

Badham Court, Castle Street, Hadley, Telford,  
TF1 5QX

Tel: 01952253714

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November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Swanton Care and Community Limited
Registered Managers	Mrs. Patricia Owen Mrs. Amanda Raine
Overview of the service	Darwin DCA provides support and care to people with learning difficulties in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Complaints	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2012, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People told us that they were very pleased with the service they received. One person told us, "It's going well" and, "I'm very happy with everything". Another person told us that the service was, "Brilliant", and that they hoped the staff would, "Keep up the good work".

People told us that their views were listened to and respected. The provider held regular group meetings for the people it supported.

We found that care plans were written in a way that focussed on people's abilities and emphasised the importance of encouraging independence. We saw that people had independence milestones and that staff were working with people to achieve them.

We saw staff treating a distressed person with sensitivity and tact. People told us that staff were always respectful. We found that care plans contained all the information staff required to deliver the care people needed.

We found that the provider had a comprehensive safeguarding policy in place. Staff were familiar with the policy.

We also found that appropriate checks were properly carried out on staff before they were allowed to start work.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People told us that the staff listened to their views and respected their choices. One person said "they always listen to me".

People expressed their views as far as they were able and were involved in making decisions about their care and treatment. The provider held a monthly group meeting for the people it supported. Staff discussed the agenda with anyone who did not want to attend or was unable to. People were given the opportunity to contribute to the meetings even if they did not attend.

We saw that people had discussed the provider's complaints procedure at one meeting. At another, people had been asked to suggest possible questions for use at future staff recruitment interviews.

We looked at the results of a survey the provider had used to collect people's views on the service. The responses were all positive.

People were supported in promoting their independence and community involvement in a variety of ways. One person had progressed from always having two carers with them on outings, to only having one. Another had been supported to have a partner stay with them overnight.

We saw that care plans were written in a way that which focussed on people's abilities and emphasised the importance of encouraging independence.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People told us that the staff were, "Brilliant" and, "Very nice". One person told us that, "I get on with them like they are my friends".

We saw one person who was visiting the office become anxious and upset about a personal financial matter. Staff spoke kindly to the person and reassured them that they were not in trouble. Staff were sensitive and constructive as they suggested possible ways of resolving the issue.

The manager told us about the referral, assessment and care planning process. They demonstrated a clear understanding of providing care and support centred on the needs of individuals using the service.

We looked at the care plans for three people with a range of needs. We saw care plans were detailed, regularly reviewed and updated. Assessments of identified risks had been completed and actions implemented to ensure the health and welfare of each individual. We saw that one person was at risk of losing too much weight as a result of their poor diet choice. The risk assessment provided staff with information and strategies to help the person eat more healthy food.

Care plans indicated the level of support each person needed to make decisions for themselves. The care plans also include contact details for each person's advocate or family member who was authorised to make decisions on the person's behalf.

Staff told us they had the information to meet people's needs. Care and support was planned and delivered in a way that ensured people's safety and welfare.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People told us that they felt safe with staff in their homes. They were confident that if they had any concerns, the manager would take immediate action to protect them.

Staff told us, and records confirmed, that they had received training to recognise and report abuse. Staff who spoke with us said that they knew what constituted abuse and said that they would be confident to recognise and report it.

The provider also had written policy to protect people's money. Although staff were not responsible for people's finances, they handled cash on their behalf on a daily basis. Staff understood the importance of ensuring that the cash handling policy was correctly followed. This protected people from the risk of financial abuse.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

We looked at three staff files and found that each of the staff had been recruited in line with the provider's recruitment policy. References had been taken up and Criminal Records Bureau checks had been completed before staff were able to start work. Staff had clear job descriptions.

We saw that adequate checks had been made to ensure that staff were legally entitled to work in the United Kingdom.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We found that the provider had a complaints procedure in place.

The complaints procedure was set out in a guide for people using the service. The guide was available in an easy to read format. The complaints procedure had also been discussed at one of the regular group meetings for people using the service.

We saw a complaints flow chart that would be followed if a complaint was received. We also saw all the necessary forms to enable the provider to fully consider, respond appropriately to and resolve, where possible, any complaints.

The manager told us that most concerns were addressed through the regular meetings that were held with people using the service. The provider had not received a formal complaint for over two years.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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