

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

## Darwin DCA

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Date of Inspection: 16 May 2013

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2013

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Swanton Care and Community Limited
Registered Manager	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>	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
<hr/>	
<b>About CQC Inspections</b>	10
<hr/>	
<b>How we define our judgements</b>	11
<hr/>	
<b>Glossary of terms we use in this report</b>	13
<hr/>	
<b>Contact us</b>	15

## 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 16 May 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with other authorities.

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### What people told us and what we found

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We found that people's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People experienced care, treatment and support that met their needs and protected their rights. One person who used the service said, "They look after me well." Another person said, "I get on well with all my carers, I like them."

We found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify potential abuse and acted appropriately.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The staff members we spoke with said that they felt supported.

We found that the provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People told us that they felt that the support they received from the service met their needs. One person said "They look after me well." Another person said "I get on well with all my carers, I like them."

We looked at the care records of seven people who used the service. Needs were thoroughly assessed and plans reflected these needs. One person did not have a care plan. The manager told us that this was because Darwin domiciliary care staff attended to support another agency at the person's home. The provider may wish to note that each person they support should have a care plan in their own right, supported by any risk assessments as necessary.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with challenging behaviour. People told us they were involved in care planning.

We saw that care plans and risk assessments were reviewed regularly to address people's changing needs and preferences. Updates were provided to care staff through written communication and through discussion. Staff we spoke to told us communication was good and they were quickly informed of any changes.

**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 their 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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The provider responded appropriately to any allegation of abuse. For example, the service had responded appropriately to safeguarding alerts that had been raised. The agency provided information for investigations and attended meetings as required. Where action was needed this had been taken. At the time of our inspection two of the alerts raised had been finalised by the safeguarding team investigating them, three had not. We will continue to monitor this.

In light of the recent safeguarding investigations and outcomes the provider had ensured that all staff repeated safeguarding training and also attended a professional boundaries training course.

Staff we spoke with showed a good awareness of safeguarding procedures and recognising the signs of potential abuse.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We looked at the training matrix but this was not completely up to date. We spoke to two staff who confirmed to us what training they had completed, we also looked at their training files. We saw evidence of completed training relevant to their role on their files.

One staff member told us they had completed a comprehensive induction and three weeks shadow training before working alone. They told us that reading care plans was an important part of their induction training. They told us training was a mixture of electronic learning and practical training. Staff told us they had completed specialist training in topics related to the people they support. This included Asperger's syndrome, schizophrenia, learning disability, autism, and challenging behaviour.

The manager and staff told us that there is a structured supervision and appraisal system in place and team meetings are also held on a regular basis. Staff told us they felt well supported.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider has an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about the quality of the service. We looked at the outcome of the last questionnaire sent out in November 2012. All results were positive. Comments included "Staff are very good, service very good." Another person commented "I am very happy with the staff, senior managers and team leaders. They are brilliant at their jobs. I am pleased with the support I get at the moment." Questions covered feeling comfortable and safe; support workers arriving on time; control over daily life; privacy and dignity and workers approach to entering a person's home.

Risk assessments linked with people's plans of care and contained sufficient information to demonstrate how risk would be minimised. These were reviewed regularly or when an individual's condition changed.

The manager, staff and people who use the service told us that regular spot checks were carried out in people's home.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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