

Royal Mencap Society

# Doncaster Community Support

## Inspection report

Unit 5, Stonecross House  
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26 October 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Doncaster Community Support is situated in the Kirk Sandall area of Doncaster. It provides care and support through a domiciliary care service and supported living service to people who live in their own homes. The service provides support to people living with a learning disability or autism spectrum disorder and older people. At the time of our inspection there were 107 people receiving a service from this provider.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about staffing; people received the care and support they needed to be safe, however, there were not always enough staff on duty for people to access community leave and appointments. People had a choice about their living environment and were able to personalise their rooms.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture:

The provider did not have an effective governance system in place to identify issues we found on inspection. However, the registered manager and service managers were working hard to improve the culture and embed an ethos of learning and development within parts of the service. We have made a recommendation about supervision as staff in all areas of the service did not always receive regular 1-1 supervision. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality of life of their choosing. People and those important to them were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 5 December 2017)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Doncaster Community Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the Mental Capacity Act 2005 and good governance. We have made recommendations the provider ensures there are enough staff on duty, so people have access to the community and medical appointments and all staff within the service receive 1-1 supervision.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Doncaster Community Support

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience made calls to relatives the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Doncaster Community Service is a domiciliary care agency providing personal care to people living in their own houses and flats. It also provides care and support to people living in 16 'supported living settings' so that they live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 18 October 2023 and ended on 26 October 2023. We visited the locations office on the 18 October 2023 and 26 October 2023.

### What we did before the inspection

We reviewed information we had received about the service before the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke to 5 people who use the service and 8 relatives about their experience of care provided. We spoke with 14 members of staff, including the registered manager, 4 service managers and 9 support workers.

We reviewed a range of records. This included 5 people's care records and a range of medication records. We looked at 3 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service. We also received information from 1 health care professional who visits the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. The meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were not always enough staff on duty to provide 1-1 support for people to access the community or attend medical appointments. Staff told us community leave and medical appointments were often cancelled because of staffing. A relative said, "Staffing levels are often cut from 3 staff to 2 staff at [Service location]."

We recommend the provider reviews their systems and processes for managing staffing levels and updates their practices accordingly.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered employment.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed appropriately. Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they contained enough information to care for someone safely.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave staff guidance in evacuating people from their home.
- Accident and incidents were analysed by the provider to look for themes and trends. Any learning was shared with staff to prevent future incidents.

### Using medicines safely

- People received their medication as required. People who received 'as and when required' medication had guidance in place and staff had written why it was required and how much was administered.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines and ensured people's medicines were reviewed in line with the principles of STOMP (stopping over medication of people with a learning disability, autism, or both).

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

- People were protected from the risk of abuse. The provider had policies and procedures in place to guide staff in the action to take should they have any concerns. People told us they were safe and well cared for.
- Staff completed safeguarding training and knew what to do if they witnessed abuse. They were knowledgeable about the different types of abuse and signs and symptoms that may alert them.

### Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises good and hygienic. Relatives told us they were happy with the overall cleanliness and maintenance of the properties.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not consistently followed. Assessments of people's capacity to make specific decisions, for example on medicines or mechanical restraint, had not always been completed and best interest meetings had not been arranged in line with MCA principles.
- Staff lacked knowledge around the principles of the MCA and did not correctly follow MCA legislation around best interest decisions.

The provider had not followed the principles of the MCA (2005). This was a breach of regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People confirmed staff asked for consent before they provided them with care and support. One person said, "Staff always ask me, they would not make me do anything I did not want to."

Staff support: induction, training, skills and experience

- Supervisions were not consistent across the service and there were mixed messages from staff regarding support and supervision. Comments from staff included, "We have nothing official" and, "There is nothing documented". However, in another part of the service staff said, "I have it documented and e-mailed to me"

and, "I have regular 1-1 supervision with my manager."

We recommend the provider reviews their systems for supervision across the service to ensure the continuing development of all staff is consistent throughout.

- People were supported by staff who had received relevant training. This included training to support people with a learning disability or autism, epilepsy, diabetes, and positive behaviour support plans. A relative said, "Staff training is good, they are a consistent stable team with a personal touch."
- A process was in place to induct, train and support new staff in their roles. A newer member of staff said, "You are supported and all the training you need is provided."

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

- People had support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. However, they contained information that did not always relate to a person's care. For example, medication support plans contained information about the systems and processes of ordering medication. The registered manager told us they were reviewing how support plans were written and was implementing a more simplified process.
- Support plans included relevant assessments of people's communication support and sensory needs. Outcomes were identified and reviewed to promote a good quality of life.

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

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff encouraged people to eat a healthy and varied diet to help them stay at a healthy weight. Staff told us they always encourage people to eat healthily but it is their choice.
- Staff supported people to be involved in preparing and cooking their own meals in a preferred way.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health and care needs were met. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One person who was a diabetic was supported and encouraged by staff to eat a healthy diet and live a healthy lifestyle, with the result that the person is no longer a diabetic.
- People were supported to attend annual health checks, screening and primary care services.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive respectful language which people understood and responded well to. People told us staff were kind and looked after them well. One person said, "Staff are very kind and look after me well."
- People felt valued by staff who showed a genuine interest in their well-being and quality of life. A relative said, "Staff are fantastic and, we are very impressed by the level of care."

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

- People felt listened to and valued by staff. People told us they could make choices and staff supported them.
- Staff took time to understand people's communication styles and develop a rapport with them. A relative said, "They have their own system of Makaton; staff use it and make eye contact with [Person's name] when doing so."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were dressed appropriately, and their appearance was well maintained. People told us they felt respected.
- People were encouraged to be independent with tasks as much as possible. Staff told us they always try and encourage people to make the right decisions.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff used person centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People's outcomes varied from writing my stories, cycling, or a trip to Skipsea.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. Relatives told us they were always involved in reviews and planning. A relative commented, "I attend reviews annually and they [Staff] speak to me about any changes."
- The provider engaged with the local authority to support people in a new and innovative way to help them achieve their goals. As a result 2 people have now secured volunteering roles.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

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

- Staff supported people to maintain relationships that were important to them, such as family, community, and other social links. One person liked to invite his neighbours round for a chat to maintain social contact. Relatives told us they had regular visits or could contact people whenever they wanted.
- People were supported to participate in their chosen social and leisure interests on a regular basis. One person had rabbits to care for and were encouraged and supported by staff to do this.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded, investigated, and responded to appropriately.
- People were provided with information about how to make a complaint. Relatives told us they would make a complaint if needed and were confident it would be dealt with appropriately.

End of life care and support

- No one in the service was receiving end of life support.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems were not always effective. Although there were systems and processes in place to ensure regular audits were taking place, these did not always improve the quality and safety within the service. They had failed to identify the concerns we found at inspection in relation to the Mental Capacity Act, staffing levels and staff supervisions.
- Records were not always accurate, up to date or contain relevant information. For example, a person's support plan still contained information, they required pressure care on a daily basis, this was no longer the case, however the support plan had not been updated to reflect this.

Systems were not robust enough to ensure safety was effectively managed and accurate records were maintained. There was a breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities (2014)).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were not fully engaged with the running of the service. Relatives told us they did not attend regular meetings with other families and did not get asked for feedback about the service. However, the provider had an action plan in place to address this.
- Staff had team meetings and they told us they can discuss issues that are important to them, and they feel listened to.

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

- The provider had identified a negative culture in one area of the service and was working hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager ensured there was consistent leadership when they were not available. Each area of accommodation had a service manager and staff were very positive about the leadership. A staff member said, "The managers are really supportive, and we often get praised."
- The provider had a quality assurance system in place regarding, reporting, investigating and learning from incidents when things went wrong. Any required actions were fed into the service and provider governance meetings.

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

- The provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC, as required by law.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Consent to care and treatment and best interest decisions did not follow the principles of the Mental Capacity Act 2005

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not robust enough to improve quality and service user care.