Alzheimer's Society
Alzheimer's Society - Sheffield

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<td>Type of service:</td>
<td>Domiciliary care service</td>
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<td>Date of Publication:</td>
<td>March 2012</td>
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<td>Overview of the service:</td>
<td>Alzheimer's Society Sheffield supports people living in their own homes who have a diagnosis of dementia before their 65th birthday. The agency is registered to provide personal care. Support is based on individual need and access to activities in the local community and in people's own homes is provided to facilitate breaks for carers. The service is available 363 days per</td>
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year from 7am to 11pm. The agency office is based in the centre of Sheffield, close to all amenities and transport links.
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Alzheimer's Society - Sheffield was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 January 2012, talked to staff and talked to people who use services.

What people told us

Relatives of people that received support told us that they were very satisfied with the care and support provided to their loved ones. They said that their relatives were supported by staff that knew them well and were respectful towards them. Their comments included: "It is reliable, we couldn't manage without them. We are very happy with them." "They are really good. They give (my relative) the support they need and the support workers have a good partnership with them." "Brilliant." "We would be lost without them. They make a real difference." "Excellent. They (the support workers) have hearts of gold. They are the only ones that really understand what it is like for us." "(My relative) absolutely benefits from the support provided."

What we found about the standards we reviewed and how well Alzheimer's Society - Sheffield was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are involved in decision making and can express their views. People's privacy and dignity is upheld.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The planning and delivery of care meets people's individual needs and ensures their welfare and safety is upheld.
Outcome 07: People should be protected from abuse and staff should respect their human rights

Suitable arrangements are in place to ensure people are safeguarded against the risk of abuse.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People's health and welfare needs are met by sufficient numbers of suitably trained and competent staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems are in place to regularly assess and monitor the quality of the service provided so that people's health, safety and welfare are promoted.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
At the time of this visit the agency supported three people with personal care. As we were unable to obtain the views of people that directly received a service, we spoke to their relative's. We spoke to two relative's over the telephone to obtain their views of the support provided to their partners. They said that they were involved in decision making regarding the support provided, and were always treated with respect. Their comments included: "My views are definitely taken into account. I am always asked and involved in any decisions about the support (my relative) gets." "Deborah (the deputy manager) came to see us to explain about the service. She visited again so that we could talk about the support we needed." "The support workers are excellent. They are always polite and respectful." "I am always invited to reviews so that I can have my say about the support (my relative) gets."

Other evidence
At the time of their transitional application for registration under the Health and Social Care Act 2008, the provider declared the service was compliant with this outcome. No concerns were raised for this outcome area.

The manager stated that before any support was given she, or the deputy visited people in their own homes to introduce themselves. At this initial visit people would be
provided with written information about the agency so that they could make an informed decision. We looked at the information pack provided to people and this contained comprehensive information about all aspects of the agency and included contact numbers so that people could speak with the managers of the agency if they needed to. A second visit would take place to discuss the support needed to make sure people's views were obtained and taken into account. The manager and staff spoken with said that following these initial visits a support worker would be introduced so that they could get to know the person they would be supporting.

We looked at copies of two people's care plans that were kept at the office. They both contained signed agreements which showed that people receiving support, or their relatives had been asked their opinions and they had agreed to the support plan.

Staff spoken with could describe how they would maintain privacy so that people were respected. They confirmed that people using the service were involved in decision making. Comments included; "We always ask people what help they need. If they aren't able to tell us we ask their relative and they tell us what they want." "We are told on induction how to respect people and keep information confidential. Respecting people is really promoted as very important by this agency. It is very good."

The two relatives' spoken with both said that they had been involved in decision making about their partners care. They confirmed that the manager had visited them in their home to talk to them about the support needed. Both people spoken with said that support workers were respectful.

**Our judgement**
People are involved in decision making and can express their views. People's privacy and dignity is upheld.
Outcome 04:  
Care and welfare of people who use services

**What the outcome says**  
This is what people who use services should expect.

People who use services:  
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

**What we found**

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<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>Relatives said that their loved ones received support that met their individual needs. They said that support staff knew their relatives very well and they had no concerns regarding the service provided. Comments included: &quot;The support staff know (my relative) very well. They know what to do to make sure they are safe and have a good time.&quot; &quot;There is always a regular support worker, and the agency is introducing another worker so that (my relative) always gets support from someone that knows them well.&quot; &quot;The staff are brilliant, very caring. I would recommend them to anyone that needed help.&quot; &quot;(My relative) has a regular team; no stranger ever comes to the door. It was a bit difficult a few months ago because there didn't seem to be staff to cover sickness or holiday, it is much better now.&quot; &quot;The carers have hearts of gold, we couldn't manage without them.&quot; &quot;I have nothing but praise for them; they make a real difference to us.&quot;</td>
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We looked at two people's care plans. They all contained a range of information that covered all aspects of the support people needed. The plans gave clear and specific details of the actions required of staff to make sure people's needs were met. Risk assessments had been written so that any potential risks, and the actions needed to reduce risk, had been identified. The care plans and risk assessments had been regularly reviewed to make sure they were up to date.
Both of the people spoken with said that they had been involved in their relatives’ care plan and ongoing reviews of these to make sure their views were taken into account. They said that they had no concerns regarding the care and support provided.

We spoke to two support workers, one over the telephone and one during our visit to the agency office to obtain their views. Staff spoken with were clear about the assistance people needed and appeared to know the people they supported very well. Staff told us that they were always introduced to people and visited them in their homes with the manager or deputy to discuss the support that was needed. They also said that they were involved in writing and updating people’s care plans and never supported a person without an agreed plan in place. They said that they had access to people’s care plans and copies were kept in each person’s home and the office so that important information was always available. Staff kept records of each visit to show what support had been given. We looked at these records for two people supported by the agency. They contained enough detail to give a full picture of the visit and the persons supported wellbeing so that this could be monitored.

We saw that written information and guidance on Dementia was available at the agency office so that staff had access to information to update their knowledge. Staff commented; “We have regular training and updates on Dementia, which is very important to us.”

The agency produced a regular Newsletter and held meetings with service users and their representatives so that good communication and support was maintained.

The agency had an out of hours on call system so that any emergencies could be dealt with. Staff confirmed that there was always someone available to give advice when needed.

Our judgement
The planning and delivery of care meets people’s individual needs and ensures their welfare and safety is upheld.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
The two relatives spoken with said that they had no worries or concerns about the care provided. They said that they were confident that their loved one was safe and well looked after. Their comments included; "(My relative) is very safe when they are out with support staff. The staff know (my relative) very well; they are aware of the risks and know how to keep them safe." "The staff are very respectful and treat (my relative) in a way that shows they have a real partnership. Not just a carer supporting them." "I have no worries or concerns."

Other evidence
At the time of their transitional application for registration under the Health and Social Care Act 2008, the provider declared the service was compliant with this standard. No concerns were raised for this outcome area.

Staff spoken with said that training in safeguarding had been provided so that they knew important information. They were clear of the action to take if they suspected abuse or if an allegation was made. They could describe the different types of abuse so that they were fully aware of potential risks to people’s safety. Staff also said that they were very confident that the manager would take appropriate steps if they reported allegations to her. The manager was aware of the procedure to follow if an allegation was made so that people were protected.

We looked at the training records kept at the office. This showed that training in safeguarding had been provided to all staff and refresher training took place so that
staff knowledge was kept up to date. We saw that the manager kept handwritten records to ensure that she could monitor training and provide updates as necessary. The manager informed us that this system was being updated so that records of training could be kept on the computer which would highlight when any refresher training was due.

We saw that the agency office had copies of the Local Authority safeguarding procedures and the Department of Health whistle blowing guidance so that important information was available. Staff spoken to confirmed that they had been provided with their own copies of these for information and guidance.

**Our judgement**
Suitable arrangements are in place to ensure people are safeguarded against the risk of abuse.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

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<td>The provider is compliant with Outcome 13: Staffing</td>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>We have no direct evidence from people using this service relating to this outcome.</td>
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Staff spoken with said that the support and training provided was excellent. They said that regular weekly staff meetings took place to share information. Comments included: "This is the best place I have ever worked. The support we get from the manager is brilliant." "We get loads of training. If we think we would like to do any extra training because we have a special interest the manager or deputy always tries to organise it for us."

We checked the training records in two staff files. It showed that staff were provided with compulsory basic training on induction so that they had the skills to do their jobs. This included Moving and Handling, Medication Administration, Safeguarding and Infection Control. Training in other subjects such as Dementia Awareness, Understanding the Mental Capacity Act and Deprivation of Liberty was provided to improve staff skills and knowledge. We saw that the manager kept handwritten records of all staff training to ensure that she could monitor this and provide updates as necessary. The manager informed us that this system was being updated so that records of training could be kept on the computer which would highlight when any
refresher training was due. The manager confirmed that all staff training was up to date.

All of the staff spoken with said that they had regular supervision meetings with the manager so that they were supported and appraised.

Both of the relatives, and staff spoken with said that enough staff were provided and available to support people. The manager said that several periods of staff sickness had coincided a few months prior to this visit which had made it difficult to organise cover. However, they had managed to ensure visits took place and occasionally the deputy manager covered these. Relatives and staff spoken with confirmed that only staff that knew the person being supported would undertake visits.

**Our judgement**

People's health and welfare needs are met by sufficient numbers of suitably trained and competent staff.
Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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**Other evidence**
At the time of their transitional application for registration under the Health and Social Care Act 2008, the provider declared the service was compliant with this standard. No concerns were raised for this outcome area.

We spoke to the manager about quality assurance systems at the agency. She said that questionnaires were sent to the relative’s and representatives of people using the service on an annual basis so that their views about the agency were obtained. These were last undertaken in September 2011. The results of the surveys were put into a report so that important information was available to any interested parties. We saw examples of the questionnaires sent to people, and the last report of results. The survey results were very positive.

The manager undertook a quality self assessment, auditing and monitoring of internal systems, for example care plans and staff training, to make sure they were up to date. This report was sent to the regional service improvement manager for review. A copy was kept at the office.

The agency had a written complaints procedure which was available at the office. The manager said that copies of this were provided to staff for their information. We saw
that copies were provided to people in the information packs about the agency which were given to them. The procedure gave details of relevant contact numbers so that people had relevant information to enable them to complain if needed. The manager said that no complaints about the agency had been received. A compliments book was kept which included 'thank you' cards and letters from people supported by the agency, or their relatives.

Our judgement
Systems are in place to regularly assess and monitor the quality of the service provided so that people's health, safety and welfare are promoted.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
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