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

Alzheimer's Society - Sheffield

Venture House, 105 Arundel Street, Sheffield, S1 2NT

Tel: 01142768414

Date of Inspection: 30 October 2012

Date of Publication: November 2012

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

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<th>Alzheimer's Society</th>
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<tr>
<td>Registered Manager</td>
<td>Mrs. Janet Bradbury</td>
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<tr>
<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. 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 agency office is based in the centre of Sheffield, close to all amenities and transport links. The service is available 363 days per year from 7am to 11pm.</td>
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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with three relatives of people that received support over the telephone to obtain their views of the service. They 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: "We are very happy with them." "They are an excellent service. They give (my relative) the support they need in the way they need it." "I cannot thank this service enough for the help they give us. They are second to none." People spoken with said that staff were polite and respectful.

We found that people’s care and welfare needs were assessed and each person had a written plan of care that set out their identified needs and the actions required of staff to meet these. The agency had a policy and procedure for safeguarding adults and staff were aware of the procedures to follow to ensure people were protected. All of the people spoken to said that their relative was safe with Alzheimer’s support staff.

We found that relevant training and support was provided to staff so that people’s welfare and safety was promoted.

The agency had a complaints policy and procedure. People had been provided with information packs about the agency which included information on how to make a complaint. All of the people spoken with said they had no complaints or concerns about the agency.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website 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.
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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

At the time of this visit the agency supported six people with personal care. As we were unable to obtain the views of most people that directly received a service, we spoke to their relative's. We spoke to three 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; "I have a very good relationship with them (the agency). I am always involved in any discussions and we are kept up to date." "The manager came to see us to explain about the service. We were fully involved and (my relative) was included in this as much as they could be." "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."

The manager stated that before any support was given she, or the deputy manager 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. At the initial visit discussions would take place to identify the support needed to make sure people's views were obtained and taken into account. Further visits to undertake an assessment of needs would be undertaken if necessary. 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. All of the relatives spoken with confirmed that they had been involved in initial discussions regarding the support required from the agency. People told us that their loved ones were encouraged to be involved and where they were able they had shared their views.

The manager told us that people using the service were encouraged to be involved in dementia forums and other involvement exercises where their views could help develop good practice and service development.
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. We observed some interactions between support staff and two people that used the service. Staff were seen to be respectful and included the person in discussions. All of the relatives spoken with said that they found support staff to be polite and respectful.
Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three relatives of people supported by the agency over the telephone to obtain their views. Relatives spoken with 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; "The support staff know (my relative) very well. They know what they like and don't like and treat them in a way they respond to." "(My relative) has a team of two regular support workers. This is really important so that (they) know who visits. I cannot fault the support we get. It is a real lifeline and gives (my relative) good quality of life. They really look forward to the support workers visits." "The staff are excellent, very caring. I would recommend them to anyone that needed help." "I cannot say this strongly enough. This agency is excellent. I owe them the biggest thanks. They have changed our lives for the better and I am forever grateful for that".

We spoke with one person supported by the agency in person who told us that they get the support they need, in the way they want it. They commented; "They (named support workers) are my friends. They know me well and we spend time doing things that I enjoy. We are like a family. I would recommend them (the agency) to anyone."

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 care plans had been signed by the person receiving support, or their relative to evidence that they had been involved and agreed to the plan.

Relatives spoken with said that they had been involved in their loved ones 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 with one support worker and the deputy manager who also undertook a support worker role for a few days each week. 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 manager 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 sufficient 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 and we are provided with information packs so that we are always up to date with current practice. The organisation is very good at that."

The agency produced a regular newsletter and held meetings with people who used the service 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.
Safeguarding people who use services from abuse  ✔ Met this standard

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

Our judgement

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.

Reasons for our judgement

The three 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."

We spoke with one person who was supported by the agency. They told us that they always felt safe with their support worker.

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 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.
Supporting workers

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

Our judgement

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.

Reasons for our judgement

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 a really good place to work. The support we get from the manager is excellent." "We get enough training and you are encouraged to do extra training in subjects that interest you. We can all go to the manager and ask."

We found that staff training records had been updated and were now kept on the office computer system. We checked the staff training matrix. This 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, and End of Life Care was provided to improve staff skills and knowledge. We saw that the matrix identified when refresher training was due so that this could be organised to maintain staff skills. The manager confirmed that all staff training was up to date. Staff spoken with said that they were up to date in all aspects of training.

All of the staff spoken with said that they had regular supervision meetings with the manager so that they were supported and appraised. We checked three staff supervision records. These showed that regular supervisions were provided to staff for support and appraisal.

All of the staff spoken with said that the manager was supportive and approachable. They commented that she had an 'open door' policy and they could go to her at any time for advice.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Relatives spoken with said they had no worries or concerns about the agency. They confirmed that they had been provided with information about how to make a complaint. Their comments included; "We have absolutely no concerns. If we had then we could phone the office and speak to someone. I know that we would be listened to." "I have no concerns at all, only compliments about this service."

We spoke with one person who was supported by the agency. They told us that they had no worries at all and they could talk to their support workers about anything.

The agency had a policy on complaints, which we saw. We found that information on how to make a complaint was included in the 'Service User Guide' that was provided to people. The information included contact details of other agencies should people choose to refer a complaint to them.

The manager informed us that no complaints had been received by the service.
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.

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<tr>
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<th>Met this standard</th>
<th>Action needed</th>
<th>Enforcement action taken</th>
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<tbody>
<tr>
<td>✓</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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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.

**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.

**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.

**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.

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:

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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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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