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: 25 November 2013

Date of Publication: December 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Alzheimer's Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Janet Bradbury</td>
</tr>
</tbody>
</table>

#### Overview of the service

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.

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Domiciliary care service</th>
</tr>
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<tbody>
<tr>
<td>Regulated activity</td>
<td>Personal care</td>
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</tbody>
</table>
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'.

Summary of this inspection:

- Why we carried out this inspection
- How we carried out this inspection
- What people told us and what we found
- More information about the provider

Our judgements for each standard inspected:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Records

About CQC Inspections

How we define our judgements

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Contact us
### 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 announced 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 25 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

#### What people told us and what we found

At the time of this inspection Alzheimers Society Sheffield provided support and personal care to six people.

Two people who were supported by Alzheimers Society and their support workers visited the office during our inspection so that we could meet with them. Whilst we were unable to ask people specific questions, we saw that people were happy and animated with their support worker.

We telephoned three relatives of people supported by Alzheimers Society and spoke with them about the support provided to their loved one. They told us that they were happy with the agency. Their comments included, "[My relative] is looked after by people that know them really well and truly care" and "A really helpful, all round 'grade A' service."

We found that before people received any care and support they were asked for their opinion and agreement to ensure that staff acted in accordance with their wishes.

We found that people's care and support needs were assessed and each person had a written support plan that set out their identified needs and the actions required of staff to meet these.

We found that policies were in place to ensure medicines were handled and stored safely.

The provider had a satisfactory recruitment and selection procedure in place to ensure that staff were appropriately employed.

We found that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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.
Our judgements for each standard inspected

Consent to care and treatment

Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We met with two people with dementia at the agencies office and saw that they were very happy to be with their support worker. They told us that they were looking forward to the activities they had planned.

We telephoned three relatives of people supported by Alzheimers Society to obtain their views. They said that the manager had visited them prior to support being provided to discuss support needs. They told us that the manager had sat with them, and their relative to discuss the support needed, preferences, likes and dislikes to make sure they agreed with their [relative's] care plan. Their comments included, "The manager came and talked to us about what was needed. We signed the support plan and were involved in writing it," "[My relative] wouldn't be able to say if they agreed. They always look happy when their support worker comes and are happy to go off with them. That shows they agree to what's been planned. I'm always involved and they are often in touch to make sure we are satisfied" and "We have meetings about [my relatives] support plan and I am definitely asked my opinion. The staff know [my relative] really well and know what they like to do. [My relative] would definitely let them know if they weren't happy."

We spoke with the registered manager and deputy manager about the systems in place to ensure people consented and agreed to the support provided. The manager explained that assessments were always undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan and they [or their relative] signed them to evidence their agreement.

We looked at two people's care files and support plans. Both support plans had been signed by the person being supported, or their relative to show they had been consulted. They each contained a signed consent form to show their agreement to the support provided. The files also contained signed consent forms relating to photography, access to care plans and holding information related to the person supported. This showed that people had been consulted and agreed to the support provided.
We found that the support plans seen focussed on meeting people's needs whilst actively encouraging them to make choices and maintain independence. Peoples' preferences, likes and dislikes were documented in the support plans seen.

We found that the service had a policy on consent and written information on the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty safeguards [DoLS] so that staff were provided with important information to uphold people's rights. The manager told us that staff were provided with a workbook on the MCA to support their understanding.

We found that all staff had been provided with a detailed handbook on consent which included information on consent and the MCA, consent and data protection and consent in practice. This showed that staff had access to important information to promote their understanding.

We spoke with two support staff during our inspection visit. They were very clear that it was the person's right to decide what to do with their day. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Staff spoken with confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding.
Care and welfare of people who use services  

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us, "I am happy going out with [support worker]" and "I like [support worker], they're all right."

Relatives spoken with said that their loved ones received support that met their individual needs. They said that support staff knew their relative very well and they had no concerns regarding the service provided. Comments included; "[My relative] is always very happy to be with their support worker. They are invaluable to us, really helpful," "We are more than satisfied. They have made such a difference to us. They are kindness itself" and "The manager is often in touch just to check how things are. The staff treat [my relative] as a friend. We couldn't manage without them."

The agency had undertaken a satisfaction survey with people using the service and their relatives the month prior to this inspection visit. We saw that all of the responses received were positive. Relatives comments included' "Staff are excellent and seem to enjoy what they do," "They are always there for me" and "They do a marvellous job. [My relative] looks forward to their visits."

In the surveys, when asked what they found most useful about the service, people with dementia had commented, "I can keep my independence," "I am so pleased and happy with the service," "They care" and "All of it."

We looked at two people's support plans. They all contained a range of information that covered all aspects of the support people needed. They included information on the person's interests, hobbies, likes and dislikes so that these could be respected. The plans were based around assisting people to remain independent and make choices. 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 plans and risk assessments had been regularly reviewed to make sure they were up to date. Both support plans had been signed by the person receiving support or their relative to evidence that they had been involved and agreed to the plan.
We spoke with two support workers 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 support 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 told us they had been provided with a 'Dementia Guide' and training on Dementia to promote good practice.

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.
Management of medicines  

People should be given the medicines they need when they need them, and in a safe way  

Met this standard

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The registered manager informed us that at the time of this inspection visit no people were supported to take their medication. One person was reminded to take their medication. We checked his person's support plan and found it clearly detailed that staff should remind the person and ask if they had taken their medication, but not administer this.

We checked a further two support plans. They each contained a medication profile, for information, but the 'consent to administer medication' was not completed. Clear guidance was provided for staff which detailed that medication was the responsibility of the person supported and/or their relative.

Staff spoken with confirmed that they did not handle or administer medication for any person they supported. They said that they had undertaken training on medication administration should this support be required. We looked at the staff training matrix which showed that all support staff had been provided with medication training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

The manager told us that a medication administration assessment would be undertaken with staff if ever a request to support with medication was made, to ensure they followed full and safe procedures. We saw the medication assessment form which covered all aspects of safe medication administration.

We found that appropriate policies were in place for the safe administration of medication so that staff had access to important information.
Requirements relating to workers

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

Met this standard

Our judgement

The provider was meeting this standard.
People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of two support staff. We found the recruitment files included an application form, employment history, interview records, proof of identity and two written references.

We saw Disclosure and Barring Scheme [DBS] checks [formerly known as Criminal Records Bureau [CRB] checks] had been undertaken.

These showed that full procedures had been adhered to and relevant information had been obtained prior to commencement of employment so that people's safety was promoted.

We spoke with the registered manager, the deputy manager who also undertook support worker role for part of each week, and two support workers. All staff we spoke with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role. All staff spoken with confirmed that they had a DBS check undertaken as part of their recruitment.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge.

All of the staff spoken with displayed a high level of commitment to the service. Their comments included; "I love my job, I am proud to work here because we make a difference" and "We all work well together, it's a great team." Staff also said the manager was approachable, very supportive and always listened to them.
# Records

<table>
<thead>
<tr>
<th>Met this standard</th>
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**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## Reasons for our judgement

We found that a policy on records management was in place which included information and guidance on security of records.

We saw that a system was in place to archive records and the manager confirmed that a contract was in place for a company to visit the office and shred confidential waste on site to ensure confidentiality was not compromised.

All of the records seen during this inspection were up to date and had been reviewed and audited on a regular basis.

Staff spoken with said that they had access to policies and procedures and had been provided with their own policy and procedure pack to keep at their home so that they always had access to this. Staff also had access to files kept at the office so that they could keep up to date with important information. Staff were aware of the Data Protection Act 1998 and they understood their own responsibilities to ensure that accurate records were maintained and held securely.

We found that a 'confidentiality policy statement' was in place that staff had signed to evidence their understanding of the duty to respect confidentiality.
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. |
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.

<table>
<thead>
<tr>
<th><strong>Minor impact</strong></th>
<th>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.</th>
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<tbody>
<tr>
<td><strong>Moderate impact</strong></td>
<td>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.</td>
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<tr>
<td><strong>Major impact</strong></td>
<td>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</td>
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</table>

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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<thead>
<tr>
<th>Standard</th>
<th>Regulation No.</th>
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<td>Respecting and involving people who use services - Outcome 1</td>
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<td>Consent to care and treatment - Outcome 2</td>
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<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
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<td>Meeting Nutritional Needs - Outcome 5</td>
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<tr>
<td>Cooperating with other providers - Outcome 6</td>
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<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
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<td>Cleanliness and infection control - Outcome 8</td>
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<td>Management of medicines - Outcome 9</td>
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<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
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<tr>
<td>Requirements relating to workers - Outcome 12</td>
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<tr>
<td>Staffing - Outcome 13</td>
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<td>Supporting Staff - Outcome 14</td>
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<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>10</td>
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<tr>
<td>Complaints - Outcome 17</td>
<td>19</td>
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<tr>
<td>Records - Outcome 21</td>
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</tbody>
</table>

**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.