We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Records**

- Met this standard
# Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>London Borough of Sutton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Alison Steinmetz</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>The London Borough of Sutton's Shared Lives Scheme provides short term and long term accommodation, support and care, provided to one to three adults placed through and supported by the shared lives scheme; and by a shared lives carer approved by the scheme.</td>
</tr>
<tr>
<td><strong>Type of services</strong></td>
<td>Shared Lives</td>
</tr>
<tr>
<td></td>
<td>Supported living service</td>
</tr>
<tr>
<td><strong>Regulated activity</strong></td>
<td>Personal care</td>
</tr>
</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:

- Records
- About CQC Inspections
- How we define our judgements
- Glossary of terms we use in this report
- Contact us
Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The London Borough of Sutton Shared Lives Team had taken action to meet the following essential standards:

- Records

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 20 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People who use the service told us that they like to be called citizens.

At our previous inspection of Home Care Service Provider we identified that action needed to be taken by the service provider to improve care planning and support provided to people who used the service. The registered manager told us that there had been a complete review and revision of all the files. A new format had been implemented using different files for each carer and for each citizen in the scheme. The manager and other staff who we spoke with told us that this new system had made accessing information much easier and had helped to ensure that all the appropriate information was up to date such for the health checks and for care plan reviews.

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

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

Our judgement

The provider was meeting this standard.

People were being adequately protected from the risks of unsafe or inappropriate care and treatment in a way that they would be if accurate and appropriate records were maintained.

Reasons for our judgement

At our inspection in April 2013 we found that people were not being adequately protected from the risks of unsafe or inappropriate care and treatment in a way that they would be if accurate and appropriate records had been maintained. The registered manager wrote to us after that inspection with an action plan that set out how they would address these issues. We carried out this inspection in December 2013 to check on the progress of the proposed actions. We were told by the manager that there had been a complete review and revision of all the files. A new format had been implemented using different files for each carer and for each citizen in the scheme. We were told that each new file contained new sections for recording medication checks; finance checks; health and medical check-ups and carer training needs and activities. All the old information that had previously been kept in the files had now been archived.

The manager told us that a new training matrix had also been drawn up for all the carers and that they had received training on medication and the safeguarding of vulnerable adults. We were shown a copy of the matrix and we saw certificated evidence that showed us that the carers had received training in June 2013 for medication and in October 2013 for the safeguarding of vulnerable adults.

The manager and staff who we spoke with confirmed with us that they had had the training and found it useful for their jobs. They also told us that the new filing system had made accessing information much easier and had helped them to ensure that all the appropriate information was up to date such as for health checks and for care plan reviews.

We inspected four care files and we found that the information on the care files was stored in a way that made access to the information logical and simple. We also found that all the appropriate quality checks on care records had been carried out, such as for care plan reviews. These had all been signed off by the citizen, demonstrating their involvement with the process, and by carers and support staff. We found that each citizen had had up to
date medication checks; finance checks and healthcare records in their care files. This showed that they had regular and appropriate health checks.

Staff records and supervision records were relevant to the management of the services and were accurate and fit for purpose.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>✓ Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Action needed</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>
</tr>
<tr>
<td>✗ Enforcement action taken</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>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Records</td>
<td>21</td>
<td>20</td>
</tr>
</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.
### (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.