

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

## Shared lives - Sheffield Adult Placement Scheme

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Sheffield City Council
Registered Manager	Ms. Janet Cann
Overview of the service	Shared lives - Sheffield Adult Placement provides day care, befriending, short and long term care to vulnerable adults, including older people, people with learning disabilities, people with physical disabilities and people with mental health problems. People are supported to live independently to maintain friendships and relationships, to be safe and supported and to live in the carer's home as part of the immediate family.
Type of service	Supported living service
Regulated activity	Personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2013, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our inspection we found that some people who used the service had complex needs and were not able to verbally communicate their views and experiences to us. These individuals were reliant on staff to meet their physical, emotional and social needs. We spoke with one relative who told us that staff treated people with respect, protected their dignity and had professional, positive relationships.

We spoke with four care support workers who provided long term placements and one relative who told us that people were very happy living with their carers. They told us they had their independence whilst receiving support from the carers they lived with. They told us they were well looked after and they made choices in relation to their every day lives.

The provider had suitable arrangements in place to ensure that people who used the service were safeguarded against the risk of abuse. People we spoke with said that they felt safe and supported by the staff.

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

The provider had a system in place to deal with comments and complaints. People who used the service could be confident that their comments and complaints were listened to.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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During our inspection we found that some people who used the service had complex needs and were not able to verbally communicate their views and experiences to us. These individuals were reliant on staff to meet their physical, emotional and social needs.

We spoke with four care support workers who provided long term placements to people. They told us that people's opinions were sought so that they were involved in decisions and that they had choice. The examples they gave included choosing what to wear, what to watch on TV, what to eat and drink and various activities they wished to do.

The manager and the care support workers explained that Shared Lives Sheffield Adult Placement Scheme is a 'matching' service which ensured that every person who needs support is matched individually to a carer. They said that both the person and the staff completed a 'Matching Form' for the service that asked the person about themselves and what they wanted from their placement. For example, they were asked what they would need to have in the house where they would be living, their likes and dislikes and any help they would require with their activities of daily living. This meant that people were involved with all aspects of decision making about their care and treatment.

We spoke with one relative by telephone after the first visit and they told us that they had been involved in their relative's care planning. They also told us that their family members were treated with dignity and respect and were supported to live independently. They said, "They encourage him to try and make choices, they'll ask him to get ready and check what he's wearing and that it's suitable. He always looks nice when he comes to see us. They also told us that their family member was very happy with the people they lived with and they made choices every day. They said, "He's really settled and they're a nice couple (care support workers) and he loves it. I know by what he's saying that he's happy."

We spoke with four members of staff, each of whom was able to explain how they maintained people's dignity, privacy and respected people's individual choices. All staff

explained that they would always knock on the person's door before entering and say who they were, make sure people were appropriately dressed, ensure that the person's door was closed when appropriate and ensuring curtains and doors were closed when delivering personal care. This demonstrated that support workers had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

Within Shared Lives Sheffield Adult Placement Scheme's statement of purpose objectives it stated: 'To respect the individuality of service users, promote their independence, dignity and safety, respect their privacy, personal choices, lifestyles, customs, cultures and values.' Discussions with four care support workers and one relative demonstrated that people had their privacy, dignity and independence respected.

We looked at three people's support plans and we saw that people had been involved in their care planning. The records used pictures and symbols that helped the person to understand any questions being asked. We saw that people's individual needs, preferences were clearly reflected within each of these support plans, and that they were person centred. For example, we noted that the support plans contained information about how people would like their support to be delivered. Copies of peoples support plans were kept within their accommodation, at the office and with a family member. This meant that people were involved with all aspects of decision making about their care and treatment.

The manager told us that all aspects of care were discussed and agreed with people who used the service and/or their representative prior to the service commencing.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke with one relative of a person who used the service, who told us they were happy with the care and treatment they received at Shared Lives Sheffield Adult Placement Scheme. They were positive about the support their relative received. They said, "I'm really pleased. It's the best for him, he's in a family orientated house."

Each care support worker spoke in a warm and caring way about the people they cared for and had a clear knowledge of people's individual needs, likes/dislikes and how they preferred to be supported. One member of staff said that people received continuity of care and had received positive feedback from relatives, "It is a fantastic service and I'm pleased to be part of it, it's unique as it enables people who want to live with a family and have that family feeling. They (people) get consistency of care and quality. It's a good quality to have. His sister is thrilled that he's with a family rather than supported living."

The manager and the care support workers explained that any people's changing needs were updated in their support plans and reviewed every three months. The service kept an electronic record on a system called 'Care First' of when the support plans had and were due a review. This demonstrated that the service ensured continuity of people's care, treatment and support as a result of effective communication between all those who provided it.

The manager told us that the service liaises with families, social workers and other professionals to gather as much information about the person as possible. We were informed that support plans were written with the person who used the service to agree their care, treatment and support. The relative we spoke with also confirmed this.

We looked at three people's support plans, they were individualised and in an appropriate format to suit each person, for example large font, easy to read and pictorial. We saw that these contained detailed information about people's personal history as well as information about their general health, medical and support needs. The assessments seen included information on communication, personal hygiene, activities, mental health and emotional wellbeing, hobbies, finance, mobility and medication.

Risk assessments had been undertaken so that all risks had been identified, along with the action needed to reduce risk. Environment risk assessments were included in each plan.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We spoke with one relative of a person who received long term care at Shared Lives Sheffield Adult Placement Scheme. They told us that they felt their relative was safe living there. They said, "No worries at all, not at all he's quite safe with them. It's reassuring." They also told us they had no concerns in relation to how their family member was being treated by the care support workers. They stated that the carers were very pleasant and they treated their family member with respect at all times. They said, "Yes it's a very good relationship, if he wasn't happy you'd see it straight away." This demonstrated that people who used 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.

The provider had a safeguarding policy in place which was detailed and easy to understand. Staff confirmed that they had seen and read the policy.

During this inspection we spoke with the manager about how they safeguarded people who used the service. Our conversation with the manager demonstrated an awareness of local safeguarding procedures and how these would be followed in order to safeguard people.

We looked at the service's training records. The majority of staff had received safeguarding training within the last 12 months. The manager told us that most of the staff had received the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training within the last 12 months but acknowledged there were gaps in training. We discussed training with the manager who told us that training on safeguarding, MCA and DoLS would be organised for all staff within the year.

We spoke with four care support workers who were aware of the different types of abuse and the action they should take if they saw or suspected any abuse. All of the staff spoken with were clear that they would report any concerns to their manager or key worker. They were confident that they would be listened to and taken seriously.

## Requirements relating to workers

✓ Met this standard

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

### 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

The staff we spoke with said that they felt supported by their manager and social worker and able to speak with them confidentially about any issues. Staff told us, "We've got a good key worker, any problems we ring them. Another said, "The service is very supportive to us as carers they are always there to give us advice and point us in the right direction. We speak regularly with the support worker." A third person said, "They've always been helpful. We have good relationship with families of the service users and we go to them if we need to, it's all about good relationships."

The service had a recruitment policy and procedure that the provider followed when employing new members of staff. The manager explained that all staff were required to read the service's policies and procedures as part of their induction.

The service had a recruitment system in place to show that all staff had undergone the appropriate checks for example Disclosure and Barring Service (DBS) checks, formerly known as Criminal Records Bureau checks (CRB), submitted an application and two references. The approved carers are part of the Adult Placement Service. Before they are approved they attend a preparation course. They are assessed by a social worker from the service, police and other checks are made, and references are sought. The social worker writes a report for the approval panel. The panel is made up of people who are not involved in the day to day running of the service. After reading the report the panel decides whether the potential carer is suitable for the service. These carers are approved carers within the Sheffield Scheme. The carers undergo a full assessment carried out by the qualified social workers within the team.

We viewed three staff files that contained an application form, an 'assessment process including checks and references' record, certificates. DBS checks were recorded on the services 'care first' system and this system informs the manager of when the DBS checks are due for renewal.

We spoke with four members of staff who told us they had been recruited by submitting an application form and attending a group interview, a visit from a social worker and attending a panel. The manager confirmed staff were recruited by interview and appropriate checks were undertaken before staff began work.

All staff that we spoke with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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We spoke with four care support workers who provided long term placements to people and one relative. All of the people spoken with said that they had no worries or concerns about the service.

Each person that used the service received a 'Tell us what you think' leaflet which informed them of the services complaints procedure. This demonstrated that a complaints process was available to people who use the service.

The service had a complaints policy and kept a record of any compliments or complaints received using the 'ICASE' system. At the time of inspection the service had not received any complaints within the last 12 months. The manager explained that should any complaints be received that they would act in accordance with the service's policy and procedures.

## 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.

**✓ 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.

## 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.

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**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.

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**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.

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**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

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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:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### 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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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