

Alzheimer's Society

Alzheimer's Society - Sheffield

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

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 Hillsborough area of Sheffield, close to all amenities and transport links. The service is available 363 days each year from 7am to 11pm. At the time of this inspection Alzheimer's Society Sheffield was supporting seven people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Whilst the service had been operating in Sheffield for some years, the Alzheimer's Society Sheffield office had moved location and was newly registered with CQC on 4 April 2016.

This was the locations first inspection and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure the registered manager would be available.

People receiving support and their relatives spoken with were positive about their experience of Alzheimer's Society Sheffield. They told us they felt safe and they liked the support workers.

We found systems were in place to make sure people received their medicines safely should this type of support be required.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff were provided with supervision and appraisal at appropriate frequencies for their development and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

The support provided was person centred and flexible to suit the needs of the person supported. Support staff were always introduced and matched with the person to facilitate good relationships. Staff knew people well and positive, caring relationships had been developed.

People were encouraged to express their views and opinions. Relatives told us they were involved in decisions about their family members support.

People were supported to access a range of leisure opportunities so their choices were respected and their independence was promoted.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The staff recruitment procedures in operation promoted people's safety.

Sufficient levels of staff were provided to meet people's needs.

Appropriate arrangements were in place for the safe administration of medicines should this support be required.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Good ●

The service was effective.

The service ensured people received effective care that met their needs and wishes.

Staff had been provided with training, supervision and appraisal at relevant frequencies so they had the skills to support people.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People who used the service and their relatives valued the relationships they had with support workers and gave positive comments about the support provided by staff that knew them well.

Staff were proud to work for the service and displayed a commitment to supporting people in a manner which was meaningful and had positive outcomes.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was well led.

There were very good community links and partnership working was promoted.

The culture of the service was inclusive and positive and staff felt valued by the registered manager.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Outstanding 

Alzheimer's Society - Sheffield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 April 2017 and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority to obtain their views of any support commissioned by them. Any information reviewed was used to assist with and inform our inspection.

As part of this inspection we spoke in person or over the telephone with ten people supported by

Alzheimer's Society Sheffield or their relatives, to obtain their views of the support provided. We visited two people in their own homes and spoke with them and two of their relatives. We also telephoned four people and were able to speak with one person receiving support and four relatives of people receiving support. In addition, we spoke with one person who visited the services office during this inspection to meet with us.

We visited the office and spoke with the registered manager, deputy manager, and four support workers. We also spoke with one support worker over the telephone.

We spent time looking at records, which included four people's care records, three staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People who used the service told us they felt safe with their support worker. When asked, one person said, "Yes I do feel safe." Another person looked at their support worker, laughed and gave a 'thumbs up' sign.

Relatives of people receiving support all said their family member was safe when in the care of their support workers. Their comments included, "They [support workers] are absolutely, fantastic. They really look after my relative," "Yes it is a quality service. They are spot on for safety" and "We are very happy. [Name of family member] is definitely safe."

Relatives said they felt their family member was supported by staff that knew them well and were aware of the risks in relation to communication and behaviour. One relative told us, "They go all over; doing things together that [name of family member] likes to do. I know they are safe because they [staff] know them so well, know what they are like."

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made. Correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding procedures were available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The registered manager informed us that at the time of this inspection no people were supported to take their medicines. This was confirmed by the relatives spoken with. One person had a medicine prescribed on a PRN (as and when needed) basis. The person's support plan gave clear details of the protocol for administering the medicine. Staff spoken with, the person supported and their relative told us the medicine had not been required whilst the person was receiving support. Staff knew what the medicine was for and when it should be administered.

Three further support plans checked contained a 'medication profile', for information purposes only. Clear guidance was provided for staff which detailed medicine was the responsibility of the person supported and/or their relative.

Apart from the identified PRN medicine, staff spoken with confirmed they did not handle or administer

medicines for any person they supported. They said they had undertaken training on medicines administration should this support be required. We looked at the staff training matrix which showed all support staff had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

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

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information.

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

We checked the recruitment records of three support staff. They each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw the company had a staff recruitment policy so important information was provided to managers'. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at four people's support plans and saw each plan contained detailed risk assessments that identified the risk and the support required to minimise the risk. The risk assessments showed they related to the individual and showed an awareness of the person's communication, ability, and behaviours. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and remained relevant to the individual. We saw risk assessments had been amended in response to people's needs. For example, we saw one record had been amended following changes in the person's behaviour that indicated they found it difficult to be in noisy and loud places.

The service had a policy and procedure on safeguarding people's finances. The registered manager told us they did not handle the finances of any person supported by them. Relatives would give the support worker money for food and drinks whilst out, if relevant to the activity. Change and receipts would be handed back to the relative. The relatives spoken with confirmed support staff did not take money directly from the person supported and staff always provided them with change from a visit.

Staff spoken with said they were given enough time to travel to people and spend the agreed amount of time supporting people. Relatives told us staff never rushed a support visit. This showed sufficient staff were provided to meet people's needs in a safe manner and staff were deployed safely and appropriately.

We found the registered provider had a policy on infection control. Relatives spoken with said staff always wore protective clothing such as gloves and aprons when required. Staff confirmed this. This showed infection control procedures were followed to promote people's health and safety.

Is the service effective?

Our findings

People supported by the service were animated and smiled when speaking of going out with their support worker. Relatives and representatives spoken with told us the service delivered care in a way that met their relative's individual needs and ensured their health and safety. They told us the service was reliable and they knew the support workers that would be visiting. People spoke very highly of their support workers and said they had never had a missed visit or had a staff member they didn't know visiting them.

Comments included, "Yes I have the same ones [support workers], no problem," "The majority of the time they [support workers] are on time. There is the odd occasion when they are late by a couple of minutes due to traffic," "They [staff] are mostly on time. My relative cannot wait to see them," "There are no issues with lateness," "We have the same regular care workers," "My relative needs consistency and this is what we have," "I have a team of three care workers for the week. There's no problem at all" and "Nine times out of ten it is the same care workers. All of them are good."

All the people spoken with had no concerns regarding the skill and training care workers had. People receiving support and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "They [support workers] are good," "We cannot complain at all. We have full confidence in all the care workers," "Yes they certainly do [have the right skills.] They are always smiling" and "We have no issues with this company at all. We also use another company, it is a shame they are not up to this company's standard."

People told us they had access to health care professionals and visits from support workers did not hinder or restrict these.

We asked people if they found it easy communicating with the office staff. They told us they had been provided with telephone numbers and could always speak to someone at the office if they needed to. They told us the registered manager was very good at keeping in touch with them. Every person spoken with had met the registered manager and knew them by name. They told us the registered manager telephoned them to ask how things were. This showed effective communication between the service, people supported and their relatives.

Support plans seen held people's signatures to evidence they had been consulted and agreed to their plan. People told us care staff asked their opinion and checked things with them. One relative told us, "The manager came and talked about what we needed. We've got a copy of the care plan at home."

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said the training provided by the registered provider was 'very good.' Comments included, "It's one of the best MCA (Mental Capacity Act 2005) training I have had. I have had the health and safety training. I am able to identify 'best before' for food in service user's homes" and "I have received all the safeguarding, MCA training from the company. The training is plentiful and the support is excellent."

Training records seen showed induction training was provided that covered mandatory subjects which included health and safety, medication and safeguarding, but also included subjects such as person centred planning and dementia awareness. We found a system was in place to identify when refresher training was due so staff skills were maintained.

The registered manager informed us the staff induction and training was in line with the Care Certificate award. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Staff told us new staff shadowed a more experienced member of staff before working on their own as part of the registered provider's induction procedures. Staff spoken with said they were up to date with all aspects of training.

We saw written information and guidance on dementia was available at the agency office so 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.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly, at least every six weeks and they could talk to their managers' at any time. Staff were very knowledgeable about their responsibilities and role.

We spoke with the registered manager about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained 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 four people's care files and support plans. The 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. This showed people had been consulted and agreed to the support provided.

We found 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 spoke with five support workers during our inspection. They were very clear 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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of this inspection no one who used the service was deprived of their liberty or under a court of protection order.

Staff spoken with confirmed they had been provided with MCA training so 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 to support their understanding.

Is the service caring?

Our findings

All of the people supported and their representatives spoken with made positive comments about the service provided by Alzheimer's Society Sheffield. They told us support workers were very caring. Their comments included, "They are absolutely fantastic. They really look after my relative. The carers are excellent. My relative would not have a quality of life without their kind, caring support. They are wonderful," "They are brilliant care workers. I cannot fault them at all," "They smile. They are happy when they see my relative. This makes a great difference" and "They are quality, spot on. A different kettle of fish from other care companies. They understand. I can say we get a fantastic service. They are truly brilliant. I am in a position where I can compare with another company we are using."

Staff we spoke with were highly motivated. They could describe how they promoted dignity and respect and were driven by what was right and important for the individual they supported. Staff were proud of the service and told us, "I love my job. I'm really proud to work here. I think we make a difference," "The service brings positivity to people's lives, the difference we can make changes lives," "I love every minute of my job. It is very rewarding. We make a connection with people. A person I support told me 'I love it when you come. You make me feel normal'. I will always remember it" and "We are a really good team. We really care for each other and the service users. I feel lucky to work here. It is a privilege."

One support worker told us, "We are trained in the caring area. We build a service user relationship from the outset. If the care worker is going to change the new care worker will shadow the existing care worker. They will build a relationship with the service user. There is then a smooth transition when the swap takes place."

Staff understood the importance of building positive relationships with people who used the service in order to recognise and support their needs and what was important to them. Staff told us one of the strengths of the service was they had time to get to know people and, where possible, their interests were matched with the person being supported.

One support worker told us, "We found out [Name of person supported] likes to walk, we both do so we spend a lot of time out walking their dog."

The registered manager and deputy manager demonstrated by example a clear commitment to promoting a caring culture throughout the service. We found information was provided to staff about the values of the service in a 'Living our Values' statement that described behaviours to promote caring, dignity and compassion. This was strongly supported by the feedback we received from people who used the service and through discussions with staff members.

We found systems were in place to share information with people and opportunities were provided for people to be involved. A regular newsletter was provided to people and those seen gave information on a variety of topics from information on daily living aids, upcoming social events and available support groups.

We found the Sheffield Dementia Involvement Group (SHINDIG) had been developed by staff at Alzheimer's

Society Sheffield to provide further opportunities local to Sheffield for people to be involved. The group was open to all people living with dementia and their families and friends. Some people supported by the service attended SHINDIG.

All of the relatives and representatives spoken with said they had been very involved in writing their relatives support plan. They explained the registered manager had visited them to discuss this and regularly asked their opinion to check the support plan was still up to date. People said if any changes were required they only had to tell the support worker or the registered manager and they would update the plan. This showed people had been involved in discussions about their support and important information was available so staff could act on this.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was available at the services office. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People's relatives and representatives told us the service was responsive to their needs and the support provided was flexible to recognise and respect people's choices. We received very positive comments which included, "If [Name of person receiving support] has a hospital appointment they always swap times so they don't lose out," "I couldn't go to work without their support. They are very flexible and have swapped visit days in the past to suit us" and "They [support workers] always ask [My family member] what they want to do. Sometimes they go out in the car, sometimes they do art work. My relative decides. They are very good like that." These examples show people's changing needs were responded to and met.

The registered manager explained the Alzheimer's Society had provided some financial contribution to fund some hours for the service so people could receive more hours of person centred individual support. However, the organisation had made the decision to cease providing the extra funding which would reduce the support hours available to people using the service. Some relatives spoken with expressed concerns and worries about the service being reduced because of this. They told us the service provided was individual and because it was so person centred a reduction in support concerned them. Their comments included, "They are absolutely fabulous. If they have to go they will be sorely missed. They care about customers and know exactly what to do," "The funding cuts are going to have an effect. We do not want to lose some of the care and support we get from this company. The company is brilliant," "This is the only break I get. It worries me that it will get cut" and "It will be a disaster if the service has to reduce. We will miss it greatly. I have no criticism of them whatsoever."

We found a health professional had recently complimented the service. They had written to them stating, "I felt that I had to contact you to give praise for the work and support given by [Name of support worker] to one of my ladies. I have visited on several occasions when [Name of support worker] has been visiting. This lady is quite a difficult person and to see how [Name of support worker] works with her is amazing and how far she has come with her. I feel we are quick to complain but not as quick to give praise and I feel she deserves it."

We found support was based around promoting independence and maintaining leisure opportunities. The registered manager and staff spoken with said people using the service and their relatives were always asked about their interests and hobbies and these were matched to the support workers interests if possible.

We found staff supported people to attend the dementia café if they wished so they could enjoy time spent with other people. The dementia café is a community resource set up by the society and Sheffield Health and Social Care Foundation Trust where people are able to socialise and gain access to expert advice. This showed a creative approach to providing people with social opportunities in order that they are less socially isolated.

All of the relatives spoken with said they had been involved in the assessment of their relatives needs so a person centred care plan could be written. They explained the registered manager had visited them prior to

support being provided to discuss and identify the person's needs. People said the registered manager had always visited with the support worker to introduce them and see if the person supported responded to them.

The registered manager explained all staff were introduced to their support worker prior to spending time with them. Other staff were introduced and spent time with people so holidays and sickness could be covered by staff that knew the people they were supporting, and the people supported were provided with a consistent and reliable service. Relatives confirmed there had never been a stranger sent to support their relative and they had always been personally introduced to all support workers involved with them.

We looked at four 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 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.

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

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local ombudsman should people choose to do this. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. The registered manager informed us no complaints had been received.

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in post since 2005. People's representatives and staff were fully aware of the roles and responsibilities of managers' and the lines of accountability.

The registered manager explained the Alzheimer's society had made a decision not to continue contributing to costs for the service to 'top up' local authority funding. This meant the service would reduce from 150 hours to 90 hours each week from 1 July 2017. As a consequence staffing would reduce from nine to four support workers from this date. Consultation meetings had taken place and all of the people spoken with were aware of these planned changes.

Staff expressed concerns regarding the reduced service. Staff comments included, "There are going to be changes in July due to the funding cuts. The company has been brilliant. The registered manager has kept us in the loop. They have been very transparent. They have kept both service users, next of kin and staff updated with what is happening" and "There will be change in my working pattern in July. The management have handled it well. I've had regular contact with management."

The registered manager was an excellent role model who actively sought and acted on the views of people. They had developed and sustained a positive culture at the service. Without exception people using the service, their relatives and representatives and support workers all spoke very highly of the registered manager.

People told us they knew the registered manager and found her very supportive and approachable. Comments included, "[Name of registered manager] is wonderful, really excellent. She sends emails and texts about events and updates. She has even covered some visits in an emergency," "She [registered manager] is great. She makes sure she puts you in touch with people that can help. She makes a difference" and "[Name of registered manager] is brilliant. If I need them I can always ring up and she is always happy to talk to me."

Staff were equally very positive about the management of the service. They said the registered manager was approachable and commented, "[Name of registered manager] is an amazing boss, very supportive," "She is a great manager, makes you feel valued," "She is a terrific manager. Very knowledgeable and experienced. She shares her knowledge" and "The manager is first class, very supportive. She makes sure staff work for each other and have respect for one another from the oldest to the youngest."

We found very strong evidence of community links and partnership working. In addition to the dementia café and SHINDIG community meetings, we found the service had worked in partnership with several other organisations to promote understanding. For example, people using the service had been invited to participate in a 'Life Histories' project at a large local hospital, people using the service had been involved in Sheffield Advocacy project art exhibition, the University of Sheffield had attended a meeting with the service to discuss research ideas that may benefit people living with dementia and the service had participated in a

project evaluating the support for carers of people living with dementia undertaken by the National Institute for Health Research and the University of York. In addition, the registered manager made arrangements for medical students from a Sheffield hospital, including occupational therapists and nurses, to spend two days 'shadowing' the service to promote their learning and understanding. The service also participated in 'dementia friendly' tea dances held at a Sheffield theatre, and activity sessions for people living with early onset dementia at a Sheffield sports centre. These examples showed the registered manager's outstanding commitment to partnership working provided opportunities that benefitted people receiving support.

We found the Sheffield Alzheimer's Society were awarded 2nd place in the "Making a Difference" award in the "Excellence in Partnership working" category from Voluntary Action Sheffield.

The registered manager had previously worked in partnership with the service manager to roll out and embed the Herbert protocol into service delivery. The protocol is a risk reduction tool for people and families living with dementia who are supported by the service. The tool is a written profile of the vulnerable person detailing important information like medication, places of note, habits, interests and access to transport. The forms are then available to hand to the police if the person goes missing. The protocol has now been implemented at a national level and recently the Greater Manchester area also introduced the protocol.

The registered manager had previously worked with South Yorkshire Fire and Rescue service to develop a 'Pre-Visit Assessment' form to identify potential risks and note important information in relation to fire for people supported by the service. This information was available to the fire service so important information was shared and risk was reduced. The registered manager continued to complete a pre-visit assessment form to identify potential risks.

We found the service was participating in a Memory Walk, joining the larger community to raise awareness of Alzheimer's. Support workers had talked to people they supported and their representatives and had organised to undertake the walk as part of supporting people with leisure pursuits and access to the community.

Relatives spoken with said the registered manager had been 'invaluable' in advising and signposting them to other support agencies that she had links with, for example, Citizen's Advice Bureau.

We found the agency produced a regular newsletter about the service and the support they provided to people living in their own homes. They held meetings with people who used the service and their representatives so good communication and support was maintained.

There was evidence of an open and inclusive culture that reflected the values of the service. Every person spoken with, irrespective of their role, said they felt valued by the registered manager.

Staff told us and records showed weekly staff meetings were held to share information. Staff told us if they were unable to attend the registered manager would update them and a copy of the minutes would be provided. All of the staff said communication was excellent and they were encouraged to contribute to meetings.

We found the registered manager undertook audits and questioned practice so gaps could be identified and improvements made. We found audits of care records and spot checks were undertaken by the registered manager and any issues were acted on.

The registered manager informed us her line manager, undertook a 'Total Quality Review' which had been

completed in 2016 that looked at all aspects of the service. In addition, the registered manager completed an Annual Self-Assessment Quality Framework that considered all aspects of service delivery.

We found surveys had been undertaken with people supported and their representatives in 2016 to obtain their views. We saw the results of these and the action plan undertaken by the registered manager.

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

We saw the service had a range of policies and procedures available to staff. Those seen had been reviewed to make sure they contained accurate and up to date information.