

Alzheimer's Society

Alzheimer's Society - Sheffield

Inspection report






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Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

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 centre 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 12 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

Summary of findings

'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.

Our last inspection at Alzheimer's Society Sheffield took place on 25 November 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 13 and 14 July 2015 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.

Without exception, people supported, their representatives and professionals spoken with made outstanding comments about Alzheimer's Society Sheffield.

People supported by the service told us staff were "Wonderful" and became animated when speaking of their support worker.

Relatives spoken with were very positive about the support provided by Alzheimer's Society Sheffield. Comments included, "They are just brilliant. I cannot speak highly enough of them. They have changed our lives," "Kind, caring people that know us well and give us the help we need, massive thanks to them" and "I am delighted with them. We couldn't manage without them."

One relative told us they would not still be together as a family without the support from Alzheimer's Society Sheffield. They said, "We are still all together because of their support."

Healthcare professionals spoken with also made very positive comments. One healthcare professional told us, "It has been my experience that the service provides an excellent facility and I have no reservations in signposting clients or using their specialist support."

Whilst the service did not support anyone with their medicines, we found systems were in place to make sure people would receive their medicines safely should this support be needed.

Staff recruitment procedures were thorough and 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 understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

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.

Relatives 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. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm. Risks to the health, safety or wellbeing of people who used the service were fully understood and addressed in their care plans. Support workers had the knowledge, skills and time to care for people in a safe manner.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and relatives told us they were confident the person supported was very safe.

Good



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People supported by the service and their relatives gave us excellent feedback about the support provided.

Social care professionals reported excellent communication with the service and gave very positive comments about the support provided to people.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Support was based on a commitment to the individual and their rights. The service promoted the values of kindness and respect and these were reflected in the day to day support provided. 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 very well.

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

The service provided opportunities for people to share their views and inform practice.

Good



Is the service responsive?

The service was responsive.

Outstanding



Summary of findings

People's care plans contained a range of detailed information and had been reviewed to keep them up to date. Staff had a very good understanding of people's preferences and support needs. Because of the depth of staff's knowledge of the individuals supported, changes in people's needs were quickly recognised and appropriate action was taken to address these so that people received safe and effective care.

We received outstanding comments from relatives. They told us the service was very flexible and always based on their relatives interests and preferences.

The service was part of an active community resource to provide further social opportunities.

Relatives told us the managers were approachable and they felt confident that any concerns would be listened to.

Is the service well-led?

The service was well led with very good community links and partnership working.

The culture of the service was inclusive and positive and staff felt valued by the registered manager. The registered manager and staff told us they felt they had a very good team. Staff said the managers were approachable and communication was excellent within the service. Staff meetings were held to share information.

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 13 and 14 July 2015 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. This inspection was undertaken by an adult social care inspector.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. 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, five healthcare professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received detailed feedback from commissioners and two healthcare professionals. This information was reviewed and used to assist with our inspection.

As part of this inspection we spoke in person or over the telephone to people supported by Alzheimer's Society Sheffield, to obtain their views of the support provided. We visited two people in their own homes and spoke with them or their representatives. We also telephoned nine people and were able to speak with five people's relatives. 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, a dementia support worker involved in group work and a support worker. We spoke over the telephone to two further support workers.

We spent time looking at records, which included four people's care records, four 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 living with dementia told us that they felt safe with their support worker. When asked, one person looked at their support worker, smiled and said “Wonderful.” Another person said they were “Very safe.”

Relatives spoken with felt the person supported was supported by staff that knew them well and were aware of the risks in relation to communication and behaviour. They commented, “[Name of person] is very safe. Their support worker knows them inside out, they could tell if anything was the matter” and “I know [name of person] is safe. They wait for them to come and greet them with open arms and a big smile. They wouldn’t do that if they didn’t feel good with them.”

One care professional told us, “The staff I have been in contact with from the Alzheimer’s Society have been knowledgeable about the condition and aware of the challenges for people living with dementia and those for family carers. They have provided excellent and appropriate communication in relation to clients with whom I am involved and are aware of the boundaries of their role. They have been happy to work with me and attend appropriate clinical meetings. Risk is considered and managed.”

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 so that 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 that they would always report any concerns to the registered manager and they felt confident that 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 that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding

procedures were available so that 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 that 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.

The support plans checked contained a ‘medication profile’, for information, but the ‘consent to administer medication’ was not completed. Clear guidance was provided for staff which detailed that medicine was the responsibility of the person supported and/ or their relative.

Staff spoken with confirmed that they did not handle or administer medicines for any person they supported. They said that they had undertaken training on medicines administration should this support be required. We looked at the staff training matrix which showed that 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 that a medicines administration assessment would be undertaken with staff if ever 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 that appropriate policies were in place for the safe administration of medicines so that staff had access to important information.

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 four support staff. Three contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that 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

Is the service safe?

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.

One file held a tick list that indicated an application form had been completed and references had been received. However, the file did not contain these documents. There was evidence of an invitation to interview and reference requests. We brought this to the attention of the registered manager who explained that the person had originally been employed by the day centre within the same organisation and had a two year gap when they worked elsewhere and then returned to the service. The previous employment file held references and an application form. The registered manager gave a commitment to investigate this. The day following this inspection the registered manager contacted us to say an explanatory statement had been placed in the persons file verifying that the person recruiting had seen these documents.

We looked at four people's support plans and saw that each plan contained detailed risk assessments that identified the risk and the support required to minimise the risk. The risk assessments showed that 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 when in highly populated public areas.

The service had a policy and procedure on safeguarding people's finances. The registered manager told us that 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 that support staff did not take money directly from the person supported and staff always provided them with change from a visit.

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

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 relatives individual needs and ensured their health and safety. They told us that 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 a stranger visiting them.

Comments included, “They are very reliable, never late. We have a small team of three support workers that know [name of person supported] really well. It’s usually [name of support worker] but we know all three and they know us really well. We always know who will be coming. You can’t get more reliable than that. They are like friends” and “They are always on time and the support visit lasts as long as it should, sometimes longer. We have never had a missed visit and always know who will be coming. The support workers know [name of person supported] very well, and we need that. I can’t praise them enough.”

People and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, “They know [name of person supported] inside out, better than me I sometimes think. They always ask them what they want to do and that can change on each visit. Sometimes they go out and sometimes they stay in. Whatever they do [name of person supported] is always really happy to be with them, and waits for them by the door when they remember they are coming. I can’t say better than that. They meet both our needs because they are a big support to me as well,” “The support workers are brilliant. They take time to get to know what’s needed, what [name of person supported] is interested in so they can do that together. They help them keep their independence” and “I think the staff are well trained, they know how to communicate with [name of person supported] and are great with them. I think the support workers enjoy the visits as much as [name of person supported] does. They are exceptional people.”

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

We asked people supported and their representatives if they found it easy communicating with the office staff. They told us that 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. One relative told us, “[Registered manager] is great. She knows us well and will often ring just to see how things are, to keep in touch. That means such a lot because she doesn’t have to do that. It shows we matter.” Another relative said, “[Registered manager] is always there for us. I can pick up the phone any time. I have often rung her for advice and she has been really good at helping us, pointing me in the right direction and telling me about other useful contacts.”

One care professional told us, “Staff are very good at engaging with clients and have provided care for clients who have posed challenges in their behaviour and psychological symptoms. The feedback from both clients and carers is always very positive. I believe they are effective because of the care taken to match individual carers with clients whenever possible.”

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said that the training provided by the registered provider was ‘very good.’ Training records 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. The registered manager informed us that the staff induction and training was in line with the new Care Certificate award that staff were in the process of achieving. Staff told us that new staff shadowed a more experienced member of staff before working on their own. Staff said the induction training was also ‘very good.’ Staff spoken with said they were up to date with all aspects of training. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found that 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 that staff were provided with supervision and annual appraisal for

Is the service effective?

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.

Staff told us that as part of their annual appraisal they had set objectives for their development. Each support worker had agreed to write a case study that evidenced outcomes were being met for a person they supported. In addition, staff had agreed to research local resources that may be useful, become a 'dementia friend' to promote dementia friendly communities and register as a dementia champion to share good practice. These examples showed the service was active in improving and providing an effective service for people. We saw two examples of the case studies that gave clear and specific examples of how support had impacted on the person and provided them with further social opportunities.

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.

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 registered 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 registered manager told us that staff were provided with a workbook on the MCA to support their understanding.

We found that all staff had also 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 three support staff during our inspection. 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.

Is the service caring?

Our findings

All of the people supported and their representatives spoken with made outstanding comments about the service provided by Alzheimer's Society Sheffield and used words like "Fantastic," "Remarkable," "Excellent" and "Wonderful" to describe the support provided.

People's representatives told us support staff were very committed and worked "Above and beyond" what was expected. We asked for examples of this and one person said, "When [name of person supported] was in respite care recently, the support worker went to visit them in their own time, to see how they were. That's how much they care."

Other people commented, "They are an absolutely invaluable service. I cannot praise them more. They have been instrumental in [name of person supported] retaining their sense of identity and self-worth," and "They are life savers, as simple as that. [Name of person supported] requires more and more prompts with daily living skills. Without them they would not be able to continue living at home. Just think about that, it shows what a great job they do."

We found that relatives and representatives had completed a survey in October 2014, asking for their views. We found ten people had responded to the survey. When asked if they felt the service was right for them and their needs, and when asked if it made them better able to cope with caring for someone living with dementia, all respondents answered 'Yes.'

All of the professionals contacted prior to our inspection were equally positive. One care professional commented, "Very person centred and caring in their approach. They have provided care to clients I have referred with a variety of needs. They have supported clients who have enjoyed walking but are no longer able to do so independently, providing a carer with the same interests. They have provided support to clients who live alone with dementia, determined to live independent productive lives. They also offer great support to family carers both formally and informally."

Staff that 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. It's interesting and every day is different. It is

very humbling. We are lucky enough to meet people who are struck down with this terrible disease that affects their lives and they never complain" and "I would absolutely recommend this service and be happy for any family or friend to be supported by us. I think we are an amazing team, we really do care and our priority is always the service user."

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 that 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, "[Name of person supported] likes to walk, we both do. I got to know that they really like animals so I looked it up and found a local park with animals. We go there when it's quiet as [name of person supported] can get anxious in crowded places. They really enjoy it."

The registered manager and deputy manager spoken with 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, external professionals and through discussions with staff members.

We found that 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 that 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. The group had attended the Sheffield Institute for Translational Neuroscience open day to share their views of living with dementia. In addition, Sheffield University had invited the group to check out a robot they had devised to

Is the service caring?

help with daily living so that they could obtain their views. A pre-election forum had been organised, where candidates standing in the general election were invited to meet with people living with dementia and set out their views and policies on dementia. People supported by Alzheimer's Society Sheffield attended so they had the opportunity to share their views and concerns about what was important to them. These examples show an innovative means of involving people and sharing information.

The care plans seen contained information about the person's preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. All of the relatives and representatives spoken with said that they had been very involved in writing their relatives support plan. They

explained that the registered manager had visited them to discuss this and regularly asked their opinion to check the care plan was still up to date. People said that 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 that 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, "I have to work and when I have the occasional emergency, like having to go to a meeting at short notice, I can ring the office and [the registered manager] is fantastic. She can always help by giving us some support. They are life savers. I need people to know that, they are really life savers" and "It's never written in stone what they do. They always ask what [name of person supported] wants to do and they are happy to go along with that, it's led by them [the person supported.] These examples show people's changing needs are responded to and met.

We found further examples showing a responsive approach from staff. One relative told, "It's the little things. [Name of person supported] has always liked art and used to use children's colouring books. Their support worker went shopping in their own time and found some adult therapy colouring books. They really enjoy doing that and it's more appropriate."

A further relative told us that their spouses support worker had arranged a special day out to meet and celebrate the football team they supported and the person had really enjoyed the event and still talked about it.

A support worker said "We get to know people really well, get to know their families. I found out that [name of person supported] used to like tennis. I arranged for us to have a game. It was amazing. Their hand to eye coordination improved and they were really happy. It was a great experience and we are going again." We visited this person at home and they also told us about playing tennis. Their spouse told us that they often talked about it, and it had made a difference to them.

A relative told us that their relation had recently become unwell during a visit from a support worker. They said, "They [the support worker] were fantastic. I was panicking a bit and they took over, called an ambulance and reassured us. They did everything they could and it was great knowing they were there to help. I really don't know what I would have done." Another representative told us that the service always responded to their needs, and changed visit

times to work around regular hospital appointments so that support was still provided. These examples showed a flexible approach that could respond to people's differing and individual needs.

Professionals spoken with were very positive about the support provided. Their comments included, "The Alzheimer's Society provides individual and person centred care. They always try and match up clients and carers who have similar likes and interests," "I had a lot of contact with them last year in relation to a client who had early on-set dementia which invariably became a very complex case as they deteriorated. The society provided 1:1 support for this client which enabled them to continue with activities that they enjoyed, ensuring they received person centred care. Staff were integral in supporting this client with re-housing which wasn't without difficulties. However throughout this period [the registered manager] and staff provided excellent channels for communication which involved professionals and family members. By providing such a specialist service we were able to manage this client in the community for a longer period," "The outreach service in my experience have been very responsive to my referrals. They recognise the need for families and people living with dementia to feel supported and involved in their care and decisions that are made. In terms of the time taken to respond I have had immediate telephone calls with the society and have been able to arrange joint visits generally within a two week framework" and "Staff have been creative in their interventions and responsive to difficult situations."

We found that support was based around promoting independence and maintaining leisure opportunities. The registered manager and staff spoken with said that people using the service and their relatives are always asked about their interests and hobbies and these are matched to the support workers interests if possible. The registered manager gave one example where a person supported said they liked swimming and walking. They were matched with a support worker who had the same interests. The registered manager also said, "The support worker is a quiet, gentle person and we all thought they would match." We spoke with the person supported and their support worker. They had an obvious bond and the person supported made a lot of eye contact and smiled at them. They both agreed they liked to go swimming and walking.



Is the service responsive?

We found that the care provided responded to meet people's changing needs. For example, one support worker told us that the person they supported began to struggle in crowded places and they sometimes used inappropriate language. The support worker still supported the person to undertake the activities they enjoyed, but at quieter times and in less crowded places so that the person did not become agitated.

We found that staff supported people to attend the dementia café if they wished so that 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 that they had been involved in the assessment of their relatives needs so that a person centred care plan could be written. They explained that 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 that all staff were introduced to their support worker prior to spending time with them. Other staff were introduced and spent time with people so that 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 that 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 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. The 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 three support workers and the deputy manager who also undertook a support worker role for a few hours 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 registered 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 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 that 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 that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. The registered manager informed us that 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 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's relatives and representatives spoke very highly of the registered manager and management of the service. People told us that they knew the registered manager and found her very supportive and approachable. People told us the registered manager did "More than was expected." Other comments included, "I have every faith in them. [The registered manager] is brilliant, she talks to us about the best way forward and nothing is too much trouble. I can't recommend this service highly enough," "[The registered manager] is exceptional. She takes time to ring or text us to make sure everything is all right. Royalty wouldn't get better treatment" and "I didn't know where to turn, then wow I met [registered manager]. She did more than she should. She helped with advice on benefits and other things. We really would not still be together as a family without her help. Fantastic."

Staff were equally very positive about the management of the service. They said the registered manager was approachable and commented, "The management is brilliant. They are good to work with, professional and dedicated. They deserve a medal. I feel well supported. Communication and information sharing is very good as it changes all the time. I can rely on my manager and fellow workers," "[The registered manager] is absolutely great. You can go to her with anything, I trust her completely" and "I get really good support from the [registered] manager. We have staff meetings every week and if I can't get she rings me to update me, or lets me know in my supervision."

Professionals contacted spoke very highly of the management of the service, partnership working and community links forged by the registered manager. Comments included, "I regularly refer new clients/ family

members to the service, in particular for advice and support regarding Power of Attorney and feedback so far has been positive. It has been my experience that the service provide an excellent facility and I have no reservations in signposting clients or using their specialist support, particularly for younger dementia clients as there is a lack of resource for this client group within Sheffield" and "I have previously been involved in partnership working, between Sheffield Health and Social Care Foundation Trust and the Alzheimer's Society to develop Dementia Café's. The original café being based in Sheffield City Centre providing people with dementia, their family members and carers access to expert help and support. Staff working in the field of dementia from the Trust along with staff from the Alzheimer's Society and volunteers provide a café experience and the opportunity to provide immediate support, information and appropriate signposting. This has been incredibly successful, held on the last Friday of the month and been attended some months by 70+ people. The café model has been rolled out across the city providing more local community access for the people of Sheffield either living with dementia themselves or supporting a family member." The registered manager confirmed that the people supported by Alzheimer's Society Sheffield were amongst the people that attended the dementia café's so that they had opportunity to socialise in the community.

One health professional told us, "The service is well led. Staff are well trained; the communication is always very good as is the response time to referrals. Clients have care plans and risk is identified and managed."

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 Sheffield University so that they could obtain people's views about assistive robots they were developing.

The registered manager had worked in partnership with the services manager to roll out and embed the Herbert Protocol into service delivery. The Protocol forms part of the initial assessment of the service. The Protocol was developed by the Alzheimer's Society and South Yorkshire Police. 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



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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 Alzheimer's Society Sheffield had signed up to South Yorkshire Fire & Rescue Service's home safety checks as a referring agency, and the service ensured that all people supported were provided with information and encouraged to complete an assessment of their safety needs. Referrals were made by the registered manager with people's consent, who then liaised with the South Yorkshire Fire and Rescue to arrange appointments at a convenient time, offering a supported visit if needed. This meant potential risks in relation to fire were identified. This information was available to the fire service so that important information was shared and risk was reduced.

The service had links with In Life, a European research project developing new technologies for people living with memory problems. We found that people supported by the service and their representatives had been invited to a workshop to tell In Life about their needs and try out some new technologies.

Representatives from Sheffield CCG (Clinical Commissioning Group) and GP's had attended a SHINDIG meeting to ask people about their experiences of support from GP's

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.

We found that the partnership working had a positive outcome for people. For example, one person supported by the service smoked cigarettes and the fire service provided them with a fire retardant seat cover to reduce risks associated with fires caused by smoking and unextinguished cigarettes.

Relatives spoken with said that 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.

One relative told us, "They do a great job of raising awareness (about the support the domiciliary care agency provides) with the public and other services. They get the message across there is help out there."

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 that 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 that weekly staff meetings were held to share information. Staff told us that 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 that communication was excellent and they were encouraged to contribute to meetings.

We found the registered manager undertook audits and questioned practice so that 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. For example, we saw that the registered manager had audited the records made by the support workers at each visit. In one record the registered manager had identified gaps and in the support worker supervision notes we saw evidence that these had been discussed and a commitment made to fully complete the record. We saw that further checks had been undertaken and these showed the records had been fully completed.

The registered manager informed us that the service improvement team undertook a 'Total Quality Review' every two years that looked at all aspects of the service. This was due to take place between October and December 2015. In addition, the registered manager completed an Annual Self-Assessment Quality Framework that had been completed in October 2014.

We saw a staff survey had been sent a few weeks prior to this inspection and the registered manager was waiting for returned surveys to audit them. Surveys had been undertaken with people supported and their representatives in October 2014 to obtain their views. We saw the results of these and the action plan undertaken by



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the registered manager. We saw the registered manager had taken action to improve the service. For example, it was identified that the service would benefit from further knowledge about community resources for people to use. We found that the registered manager had set an objective for staff to research the local community, and local areas where visits took place to find further leisure opportunities. We saw the results of some of the research which showed a large variety of community resources, such as parks, leisure centres and café's had been found. This meant that people could experience further leisure opportunities.

In addition, from working in partnership with Sheffield Dementia Action Alliance, of which the Alzheimer's Society is a key partner, Sheffield Hallam University and Sheffield International Venues, the service had facilitated a taster session of different activities using community resources such as tennis and swimming to see if people would like to continue with these as a leisure opportunity.

In addition, the team working with younger people with dementia, including the registered manager had identified a gap in provision for younger people living with dementia and secured funding from Sheffield CCG (Clinical Commissioning Group) to appoint a Dementia Advisor role. The registered manager informed us the post had just been appointed to. The Dementia Advisor role was to provide extended information and a signposting service so that people had access to a full range of support. This showed the registered manager was proactive in improving the service, community links and partnership working.

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.

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