United Response
Sheffield DCA

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection was undertaken on 6,18 August and 7 September 2015.

Sheffield DCA provides domiciliary care to adults in the community. It is run by United Response. The service includes support with domestic tasks, support in the community and personal care. Most of the people supported by Sheffield DCA have learning difficulties. The service also supports some older people and people who have physical disabilities.

Sheffield DCA were supporting 19 people at the time of our inspection. Most of the people supported by the service lived in three supported living schemes; either on their own or in shared houses and flats. 'Outreach' support to people living in their own homes within other parts of Sheffield was also coordinated from the three supported living schemes. The provider has a central office in Sheffield which oversees the overall coordination and management of the differing areas of the service.

Summary of findings

A registered manager was in place. 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. The registered manager managed the supported living provision and outreach support provided from Leighton View. Managers were in place at St. Elizabeth's Close and Grimesthorpe Road, the other two satellite locations where supported living and outreach services were provided from. The registered manager was responsible for ensuring that these locations also met the requirements of the Health and Social Care Act and associated Regulations.

People told us that they received their medicines on time. However, our review of medication records identified a number of shortfalls about the recording of medicines at St. Elizabeth's Close. For example, we identified shortfalls relating to the recording of four of the seven medicines taken by one person. Additionally, we noted that the medication administration record (MAR) for this person and another person did not accurately record new medicine stocks and medicines 'carried forward.' Some MAR charts also lacked a signature to document whether the medicine had been given or refused. These shortfalls meant we were unable to establish the safe administration medicines at St. Elizabeth's Close.

Our review of care plans highlighted some gaps and inconsistencies about records at both Leighton View and St. Elizabeth's Close. Our findings made it difficult to establish whether some plans were current and accurately reflected people's needs. Whilst there was no evidence to suggest that these shortfalls had negatively impacted upon people, the lack of dates and evidence of review within some support plans and risk assessments made it difficult to establish if these documents were current and accurately reflected people's current needs.

People told us that they felt safe when being supported by Sheffield DCA and also provided examples of how security measures installed by the service had enhanced their sense of safety. We found that there were sufficient staff to meet people's needs and keep them safe.

Conversations with staff and the registered manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

There were enough support workers to meet people's needs and an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications. Support workers were provided with a range of training to help them maintain and develop their knowledge. Training provided was relevant and in response to the needs of the people they supported.

We found inconsistencies in relation to the frequency of staff supervision and appraisal at the two supported living locations visited. At Leighton View staff supervisions met and, at times surpassed, the providers two monthly timescale. The staff at Leighton View had also received an annual appraisal. At St. Elizabeth's Close, supervision sessions did not always take place within the providers recommended timescale. There were similar shortfalls with regard to staff appraisals at St. Elizabeth's Close. The registered manager had identified this shortfall within a recent quality audit and we saw that this had been fed into the regional manager's action plan.

Our conversations with the registered manager and support workers at the two locations visited demonstrated that they were knowledgeable about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The MCA promotes and safeguards decision–making. The DoLS are part of the MCA and aim to ensure that people are supported in a way which does not inappropriately restrict their freedom.

Support plans contained detailed and person centred information about people's healthcare needs. When needed, support workers assisted people to attend healthcare appointments and liaised with GPs and other health and social care professionals. Appointments were recorded and people's support plans were updated with any changes arising from these visits.

People were positive about the caring nature of the support workers. For example, one person described their support workers as, "kind," and stated, "The staff know me well and are always nice to me." Our conversations

Summary of findings

with people and staff demonstrated that Sheffield DCA had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

People were provided with explanations and information about the service and were involved in the planning of their care and monthly reviews of their support. Support files at both locations were person centred. The content of each plan was different and clearly evidenced that people had been involved in the range of person centred documents detailing their individual needs, preferences and the people and things which were important to them. Discussions with people and the registered manager demonstrated a commitment to promoting and enabling people to maintain their independence.

People and support workers were positive about the registered manager and the way in which they led the service. A system was in place to continually audit the quality of care provided by the service. We noted that the registered manager's recent audit for St. Elizabeth's Close reflected the shortfalls identified during our inspection in relation to medication records, staff supervision and appraisal and people's records. An action plan had been written by the regional manager to address the above shortfalls. It included clear information about the action required, who was responsible for completing this, how it would be monitored and a timescale for completion.

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?

Requires improvement

The service was not consistently safe.

Medicines at St. Elizabeth's Close were not always safely managed and recorded.

The lack of dates and evidence of review within individual support plans and risk assessments at both Leighton View and St. Elizabeth's Close made it difficult to establish if records were accurate and accurately reflected people's current needs.

Support workers and the registered manager knew how to identify and report abuse and also any unsafe care they observed in order to ensure people's safety. Individual risks, incidents and accidents were assessed and analysed.

Is the service effective?

Good

The service was effective.

There were inconsistencies about the frequency of supervision and appraisal at the two locations visited. Staff at Leighton View received regular supervision and appraisal. The frequency of staff supervisions and appraisal at St. Elizabeth's Close were not always occurring within the provider's recommended timescales.

Support workers had the skills and knowledge to meet the needs of the people they supported and received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Support workers assisted people to attend healthcare appointments and liaised with other healthcare professionals as required. They were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People told us that the staff were caring. People's privacy and dignity were respected and staff were compassionate, knowledgeable and caring about the people they supported.

People were involved in making decisions about their care and the support they received.

Sheffield DCA were committed to promoting and enabling people's independence.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People were actively involved in the planning and reviewing their care. Sheffield DCA were committed to gathering information about people's preferences and backgrounds in order to provide person centred support.

Support plans reflected people's individual needs and preferences and were amended in response to any changes in need.

People were supported to access, maintain and develop links within the community and the people who were important to them.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Staff were positive about the registered manager and the way in which they led the service.

Systems were in place to ensure that the quality of the service was continually

assessed and monitored. Sheffield DCA carried out quarterly audits to monitor the quality of the service. The provider's most recent audit of St. Elizabeth's Close had documented most of the issues identified during our inspection. An action plan was in place to address these shortfalls.

Sheffield DCA

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 was planned to check whether the provider is 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 6, 18 August and 7 September 2015 and was announced. The inspection was announced 48 hours prior to our first visit. This is in line with our current methodology for inspecting domiciliary care agencies and enables services to ensure that staff are available to speak with us. The inspection was undertaken by an adult social care inspector.

Before the inspection we requested the provider 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. We also contacted a social worker and a local authority commissioner who had recent involvement with the service in order to obtain their views about the support provided by Sheffield DCA.

Prior to our inspection visit we reviewed the PIR together with other information about the service in the form of notifications sent to the Care Quality Commission.

During our inspection we visited the provider's supported living service provided from Leighton View and St. Elizabeth's Close. These were the two locations which provided the most support hours. We visited and spoke with two people who lived at Leighton View and four people who lived at St. Elizabeth's Close. Our conversations enabled us to gain people's views about the service.

On the first day of our inspection we visited both locations and spoke with the registered manager, two support workers from Leighton View and one support worker from St. Elizabeth's Close. The second day and third days of our inspection focussed on the support provided from St. Elizabeth's Close. We spoke with two support workers and with the regional manager who attended the second day of our inspection due to the registered manager and the manager of St. Elizabeth's Close being on leave.

We reviewed a range of records during our inspection visits to the above satellite sites; these included the support files of three people from St. Elizabeth's Close and three people from Leighton View. We also reviewed a number of records relating to the running of the service. These included policies and procedures, eight staff files, staff training records and quality assurance documents.

Requires improvement

Is the service safe?

Our findings

We spoke with three people who received support to take their medicines from Sheffield DCA. One person commented, "I get my medicine at the time I need it." Another person told us that their medicines were securely stored within a safe in their home and stated, "I get my medication on time and the staff tell me what it's for."

In order to ensure that the medication in stock corresponded to that recorded within the Medication Administration Records (MAR) we reviewed the medicines of three people. At Leighton View we found that the medication in stock corresponded with the amount recorded on the person's MAR. Appropriate codes were used to record when medication had been refused and records accurately recorded amounts of new medicines received from the pharmacy provider as well as medicines 'carried forward.'

At St. Elizabeth's Close we found shortfalls relating to four of the seven differing medicines taken by one person. For example, the persons MAR chart stated that they had received one medication as prescribed and that 110 tablets remained in stock. Out check of the medication in stock identified that 100 tablets remained. We noted that this and another person's MAR chart did not accurately record new medicine stocks and medicines 'carried forward.' Some MAR charts also lacked a signature to document whether the medicine had been given or refused. These shortfalls meant we were unable to establish the safe administration of these medicines.

We fed back our findings to the registered manager. They informed us that they had identified similar gaps during their recent audit, and, in light of the continuation of these issues said they would escalate them to the regional manager. During the course of our inspection the registered manager began to develop a medication audit form to use at St. Elizabeth's Close and e-mailed a copy of this to us later the same day. We found this form to be in use on the second day of our inspection to St. Elizabeth's Close. We also noted that the regional manager had included the need for the manager of St. Elizabeth's Close to include medication balances and undertake weekly medication checks within a recent action plan.

Support workers told us and our review of records confirmed that they received medication training. This included an initial in-depth medication training course covering the requirements of the provider and the local authority. Following this, staff received a yearly e-learning medication refresher training course and a yearly direct observation of their competency to safely administer medicines. The registered manager told us that staff repeated the above courses in the event of any medication errors being identified.

People's support plans at both locations contained detailed information about their medication. Some people supported by Sheffield DCA had communication difficulties and we noted that clear plans were in place to support staff to identify when people may require specific medicines. The plans included information about the signs, facial expressions and body language which may indicate a need for these medicines, as well as the action to take should these medicines not be effective.

People spoken with during our inspection told us that they felt safe when being supported by staff from Sheffield DCA. One person told us that the security measures installed by the provider at Leighton View had enhanced their sense of safety. They told us, "This is the safest place I've ever lived. They've put up cameras, fences and security lights to make sure we feel safe."

Our conversations with support workers demonstrated that they had the necessary knowledge to ensure that people were safeguarded from abuse. For example, each support worker was able to explain the differing types of abuse and was clear about the actions they would take if they suspected that any form of abuse had taken place. Support workers were similarly knowledgeable about the provider's whistleblowing policy and said they would whistle blow in order to report any unsafe practice observed.

Our conversation with the registered manager provided evidence of their commitment to ensuring the safety of the people they supported. They had an interest in safeguarding and were part of a pool of trainers who delivered local authority safeguarding training across the city. Our conversations also demonstrated that they were aware of recent national and local safeguarding policy changes, as well as local initiatives such as the 'safe places' scheme. This is a project where organisations and community resources offer to provide a safe place for people with learning difficulties can go should they become lost, ill or frightened.

Requires improvement

Is the service safe?

When needed, we noted that people's support plans contained person centred information detailing the support they needed to manage their personal safety, both at home and in the wider community. People's support plans also included personal fire evacuation plans, some of which identified the need for staff to discuss fire safety on a monthly basis in order to ensure that people remained aware of what to do in the event of a fire. An accessible form containing pictures was in place to prompt and record this conversation.

Our review of records and our conversations with staff and the registered manager provided evidence that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with during our inspection were clear about the accident and incident reporting processes in place and we noted that completed accident and incident forms were reviewed in order to identify any recurring patterns and take action to reduce any identified risks.

Support plans at both locations included detailed, person centred risk assessments and individual support plans. However, we noted differing and variable practice at both locations in relation to how often individual risk assessments and support plans were reviewed. Whilst some documents evidenced annual or more frequent reviews, a number of support plans did not contain a date or provide any evidence that they had been reviewed. For example, one person's medication risk assessment had not been reviewed since 2012. We also noted that there were some gaps within the daily records of people at St. Elizabeth's Close and noted that these did not always demonstrate the person centred approach seen within the daily records at Leighton View. For instance, the daily note for one person stated, "support provided." There was no other information to detail how the person had been during the support provided or the needs they had been supported with.

Whilst there was no evidence to suggest that the gaps identified in people's records had negatively impacted upon them, the lack of dates and reviews within the above records made it difficult to establish if these plans were current and accurately reflected people's current needs. The registered and the regional manager agreed with our findings. They told us that all their locations were soon to undergo a 'streamlining' process which would result in identical documents being in place across the service. They told us that the manager at St. Elizabeth's Close was the lead for this project and that, as part of this people's records would be reviewed and updated as and when they were transferred to the new 'streamlined' format..

Our conversations with people, together with our conversations with support workers and our check of the staffing rota showed that there were sufficient staff to meet the number of people supported by Sheffield DCA. Support workers spoken with were committed to meeting people's needs and said that the staff team worked and communicated well with each other in order to ensure that people received the support they needed.

Support workers told us that they were always provided with details of an on-call manager should any issues arise outside of office hours. Support workers said that on-call managers were supportive and that their calls were always answered promptly. For example, one support worker told us that that a recent out of hours call was, "picked up straight away." Another support worker was similarly positive about the response they received from an on-call manager and commented that their calls had been responded to promptly, "nine times out of ten."

We reviewed the recruitment records for three recently employed members of staff. These, together with our conversations with staff and the registered manager provided evidence that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work for the service.

Good

Is the service effective?

Our findings

People spoken with during our inspection felt that the staff supporting them were knowledgeable and skilled in meeting their individual needs. For example, one person told us, "The staff know me well." They qualified this statement by telling us that support workers were knowledgeable about their particular health condition and the support they needed to manage this.

Support workers had received a comprehensive induction to familiarise themselves with their role. The registered manager told us that this followed Skills for Care's Common Induction Standards. These are a set of recognised standards for people working in adult social care. A mentor was appointed to support new staff through and, if needed beyond their induction. The induction programme included meetings to review progress and discuss any support needed with the registered manager and their mentor. It also included mandatory and other training and periods of shadowing established members of staff in order to get to know people's needs and how the service operated.

We spoke with a recently recruited member of staff who was in the process of undertaking their 10 day induction at Leighton View. They were positive about their induction and confident that it would prepare them for their role. They felt the induction was well structured and commented, "It's good that each day has been broken into different things like meeting staff, shadowing, reading and doing e-leaning." An induction workbook was in place and during our inspection we observed the registered manager promptly marking this and providing feedback to this newly recruited member of staff.

The registered manager told us that they were in the process of implementing The Care Certificate. This is a newly introduced set of identified standards to ensure that staff working in the health and social care sector have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Our conversations with support workers and our review of records identified inconsistencies about the frequency of staff supervision and annual appraisal sessions at the two locations visited during the course of our inspection. Supervision sessions ensure that staff receive regular support and guidance. Appraisals enable staff to discuss any personal and professional development needs. The provider's policy document stated that supervisors should take place every two months.

At Leighton View we found that supervisions were provided within, and at times exceeded, the provider's identified timescale. Staff at Leighton View had also received an annual appraisal which incorporated the views of the people they supported and their colleagues. Staff spoken with were positive about their supervision and appraisal sessions and how these supported their career development.

Whilst staff told us that the manager at St. Elizabeth's Close was supportive and available should they have any concerns or issues, we found that supervision sessions at this location were occurring less frequently than the providers specified timescale. For example, our review of six staff files provided evidence that two staff had not received supervision this year. We found similar shortfalls with regard to staff appraisal. None of the six staff files reviewed provided evidence of an appraisal within the past 12 months. Additionally, the only appraisal within one of the staff files dated from 2013. The registered manager had identified this shortfall within a recent quality audit and we saw that this had been fed into the regional manager's action plan. We were provided with a copy of this plan and saw that it documented the need for staff to receive six supervisions per year and an annual appraisal.

We spoke with staff and reviewed a range of staff training records. Support workers were provided with appropriate training to enable them to carry out their roles, maintain their skills and meet the needs of the people they supported. For example, we saw that they had undertaken training in the following areas: safeguarding, autism awareness, moving and handling, epilepsy, British Sign Language, food hygiene and person centred thinking. The registered manager said training was provided in response to the need of people supported by the service. Our review of records and our conversations with support workers provided evidence of this. For example, a number of staff told us that they had promptly been provided with dementia training after it was identified that a number of people they supported were now living with dementia.

One page profile documents of staff were pinned to a noticeboard in the office at Leighton View. These documents listed key information about staff, such as their

hobbies and interests. The registered manager said they used this information to match staff with similar interests to the needs of the people they supported. Our conversations with people confirmed that their compatibility with the staff supporting them had been taken into account, particularly in relation to the support workers who also acted as their key-workers. These are staff who work closely with people in order to plan, shape and ensure they receive support which meets their individual needs, goals and interests. For example, one person told us that their preference for a, "fun," keyworker had been met by a person who, "has a good sense of humour and is funny and always bubbly." Another person told us that they and their keyworker had a number of common interests and commented, "it's nice to talk to someone who likes the same things."

The Mental Capacity Act (2005), (MCA), promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom

Our conversations with support workers demonstrated they had a clear awareness of how to apply the MCA within their day to day practice. For example, one support worker told us that they had identified the need for a capacity assessment in relation to end of life treatment and care for one person. This support worker had also contributed their knowledge about this person to a best interests meeting held to make a decision about where this person should receive end of life care. The examples provided evidenced that support workers were committed to acting in people's best interests and protecting people's human rights. Support workers had also received DoLS training and were able to identify situations when they would seek further advice about the safeguards.

We found that the registered manager was knowledgeable about both frameworks and was similarly committed to ensuring that people's rights were upheld and protected. They were aware of recent legislative changes and had submitted DoLS referrals in line with these. At the time of our inspection no one supported by Sheffield DCA was deprived of their liberty.

People's support plans also included 'hospital passports.' These are good practice documents which provides hospital staff with key information about people's needs. Each document contained clear, accessible information about people's individual needs and again illustrated Sheffield DCA's commitment to ensuring that people were fully informed involved in decisions about their care and treatment. For example, on person's hospital passport stated, "Tell me what is happening and any procedures you are planning to do using short, simple sentences."

Supported workers at both locations were knowledgeable about people's health care needs. Our conversations and review of records demonstrated that they were attentive and made referrals to health and social care professionals following any changes to people's needs. Support workers also attended appointments with people if needed and recorded the outcomes of these.

People's support plans and hospital passports also included information about any nutritional needs as well as people's food and drink preferences. The registered manager told us that support with maintaining a balanced diet, making health food choices; food shopping and meal preparation was provided if identified as an assessed need. Support workers spoken with during our inspection provided examples of when they had identified and made referrals for specialist nutritional support from dieticians and speech and language therapists. Our conversations and our review of records also evidenced that support workers had received food hygiene training.

Good

Is the service caring?

Our findings

People spoken with at both the locations visited during our inspection were positive about the caring nature of the staff that supported them. One person described the staff as, "kind," and stated, "The staff know me well and are always nice to me." A second person described their support workers as, "very helpful," and said, "they listen to me."

Support workers spoke in a fond and caring way about the people they supported and told us that they enjoyed working for Sheffield DCA. One support worker told us that they were proud to work as part of a team which, "always puts the needs of the people we support first." Another support worker stated, "I like helping people and seeing that I've made a difference."

Observations throughout our inspection visits provided evidence of the caring nature of the service. Throughout our inspection visits we noted that support workers spoke kindly with people and warmly greeted them. From the interactions observed throughout our inspection visits it was obvious that each member of staff clearly knew people well and the things which mattered to them. For example, we heard support workers asking people about their hobbies, day time activities and families.

Support workers told us that they had undertaken equality and diversity training. Our conversations with them demonstrated that they were knowledgeable and respectful of the differing cultural and

religious needs of the people they supported. People's support plans contained information about their places of worship the support they required at attend these. A support worker at St. Elizabeth's Close told us that the service had good relationships with one of the local churches and said that they contacted the vicar in order to arrange individual visits if people were too frail or ill to attend church.

Our observations and conversations with people and support workers demonstrated that they respected and preserved people's dignity and privacy. For example, one person stated, "The staff always ring my doorbell and ask if they can come in." Support workers were able to explain how they maintained people's dignity, privacy and respected people's individual choices.

We found that Sheffield DCA supported and encouraged people's independence. For example, one person told us that their support workers, "help me make things and help me clean." We reviewed this person's support file and found that support plans were in place to promote their independence in both of the above areas.

Where needed, we saw that people's support plans included communication grids. These detailed how the person communicated, together with the meaning of non-verbal sounds, behaviours or gestures people used to express their needs. This is good practice which assists staff to know how to present information to people and understand people's responses to it.

People's support plans also contained clear information about how to provide information and explanations. This was illustrated by the one person's support plan stating, "When you are explaining something to me ask me to reiterate what has been said. If I do not seem clear on what has been explained to me, keep repeating until I understand you."

Some people's support plans also included decision making profiles. These provided clear information about how to present information and choices to people and the best times to do so. They also contained information about the types of decisions people had capacity. Where people did not have capacity to make specific decisions, these documents clearly recorded the type of decision and the people who should be consulted to ensure that decisions were made in accordance with the Mental Capacity Act (2005). For example, one person's decision making profile stated they did not have capacity to make decisions about their medication and listed the family members and health professionals who should be involved.

A number of accessible documents and tools were in place to support people to make decisions and inform them about their support. For example, one support worker told us that they had designed and implemented a board containing photographs of the staff who would be supporting them and symbols and photographs of the activities and tasks planned throughout the week. They told us that this had been successful in reducing the anxieties this person previously displayed due to not knowing this information. We noted that people's support plans included a number of accessible, picture and easy read documents, such as easy read versions of the provider's complaints procedure.

Good

Is the service caring?

The registered manager and support workers spoken with during our inspection were knowledgeable about the differing advocacy organisations within the geographic areas they provided support. Support workers told us that one person had moved into a nursing home following an increase in their needs. This person had no family and had been known, and supported by Sheffield DCA for a number of years. Two support workers from the service had an established relationship with this person had continued to be involved in their care in an unpaid capacity as advocates. This further demonstrated the caring nature of Sheffield DCA, as well as their commitment to support and enable people to express their views and promote their rights.

We found that people's views and involvement was sought in relation to a number of areas of the service. For example, people were involved in staff interviews and their opinions were sought and fed into observations of staff practice and annual staff appraisals.

Good

Is the service responsive?

Our findings

The social worker spoken with as part of our inspection felt that the registered manager was organised and commented that, "she listens and puts things in place when needed." They told us that the registered manager responded to any queries and, "kept staff up to date about issues." They also commented that the registered manager was knowledgeable about the needs of people they supported and told us that they maintained contact with them in order to provide feedback or seek advice when needed.

People told us that their support workers stayed for the required amount of time. For example, one person told said that their support workers, "Come at the time their meant to and stay the time they are meant to stay." This person had been supported by Sheffield DCA for a number of years and said it was, "unusual," for their support workers not to arrive on time. They told us that, on the rare occasion that their support workers had been late, they were informed in advance of the reason for this. For example they told us that the registered manager had supported them the previous week due to staff sickness.

One person living at St. Elizabeth's Close said they felt that some support workers, "rushed," their support, particularly during the mornings and at times when a fellow housemate may be using the bathroom. This person told us that, "Some staff tell me to put my clothes on before I've had time to have a wash." When asked, this person said that they would like to discuss this further with the registered manager. We passed this information onto the registered manager and they agreed to visit the person in order to see if any changes needed to be made to their support hours.

We spoke with the registered manager about a person's journey from the point of referral to support being provided. Referrals for the providers outreach service were received directly from people or from local authority social workers. The registered manager told us that they would visit the person in order to undertake an initial assessment in order to see if they were able to meet the person's needs. If they could meet the person's needs and the person wished to proceed, initial support plans and risk assessment were developed together with the person.

Referrals for the supported living element of Sheffield DCA came directly from the local authority. Upon receiving a referral, the registered manager said that the person was supported to visit the property and spend time with a support worker in order to gauge their needs and the type of support they required. They told us that this visit often involved them cooking a meal and going out in the local community together with a support worker. If the registered manager and the landlords of the property felt that they could meet the person's needs, a contract, initial support guides, risk assessments and shift planners based upon the times and individual needs of the person were developed.

Support workers at both locations felt the initial support guides provided them with the information they needed to meet people's needs and said they were always provided with a copy of people's support plans prior to visiting them for the first time. One support worker described these initial plans as, "really in depth," and commented that they were "a collaborative work in progress." They qualified this by saying that the plans were added to and developed as they got to know people and their needs.

Support workers told us they reported any changes in need to their managers. They said their managers were responsive in ensuring people's support hours were altered to meet any changed needs and that additional support was requested from the local authority if needed. For example, one support worker told us that the registered manager quickly reported and obtained additional support hours for one person after a diagnosis of dementia meant that they were unable to independently take their medicines. Support workers at both locations said any changes in need were communicated at staff handovers as well as through the daily communication book.

We found that support files at both locations were person centred. The content of each plan was different and clearly evidenced that people had been involved in the range of person centred documents detailing their individual needs, preferences and the people and things which were important to them. For example, one persons 'What's important to me," document recorded their need for, "tea, tea and more tea," and stated, "you've got to let it mash."

Our review of records and our conversations provided evidence that people were involved in a monthly meeting about the support they received. A person centred 'What's working / Not Working' format was used for these

Good

Is the service responsive?

meetings. People were positive about these meetings, with one person stating, "It's a good meeting. I can talk about what I want to do and the staff listen and do things to help you and put things right."

Six monthly reviews involving relatives and others chosen by people supported by the service took place. The format used for these reviews was called a 'Life Star.' It contained a graphic of a 10 pointed star with each point representing an area of the person's life. Areas covered included, 'your health,' 'people you know,' 'money matters and letters,' and 'how you spend your time.'

We saw that people's support files included relationship maps detailing the people who were important to them. Our conversations with people, support workers and our review of records provided evidence of how people were supported to maintain relationships with people that mattered, as well as develop new relationships. For example, one person's support plan documented the importance of staff supporting them to maintain contact with family members who lived abroad. Another persons' support plan detailed importance of them maintaining a lifelong friendship with a person who lived in a different area of the country.

People's support guides included information about their interests and the support they needed to pursue any hobbies, educational or work opportunities. We found that Sheffield DCA also provided some social activities and events such barbeques, party nights and day trips to the seaside and nearby Christmas markets. Support for short breaks away was also provided for people who had the funds to pay for the additional staff support hours these trips required.

Each support file reviewed contained a copy of the provider's complaints policy. People told us that they were aware of the complaints policy. One person stated, "I've never had to complain about anything." Another person told us that they had raised a complaint. They said their complaint was responded to promptly and resulted in an apology from the staff member they had complained about.

The regional manager talked us through and provided a copy of the complaints log. Our conversation with them demonstrated a responsive approach to any issues raised. They told us that all concerns, including 'niggles' were looked into and commented, "It doesn't matter what it's about, if it's bothering someone we need to look into it." We found the complaints were investigated thoroughly and within the providers identified timescales. Any lessons arising from complaints were logged and, where appropriate shared in order to learn and reduce the risk of similar complaints.

The registered manager told us that some people they supported received support from other providers. They felt that they communicated and worked well with these providers and said that people's support guides included contact information and information about the tasks and responsibilities of the other providers. This ensured that people and those supporting them had clear information about who to contact about the differing areas of their support.

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Our findings

The registered manager was based at the service Sheffield DCA provided from their Leighton View satellite location. They were positive about the way in which being on site enabled them to, "see, hear and feel what's going on." In addition to this, they oversaw the regulated activities provided at St. Elizabeth's Close, Grimesthorpe Road and the outreach services that operated form these locations.

People and support workers spoken with during our inspection were positive about the registered manager and the way in which she led the service at Leighton View. One person said that the registered manager was visible around the project and, "always says hello every morning and goodbye when she leave the office at the end of the day." This person also stated, "The registered manager keeps an eye on what's going on."

Support workers were similarly positive about the registered manager and the way in which she led the service at Leighton View. One support worker stated, "The registered manager is knowledgeable and has good people skills. She's a good leader and knows how to get messages across and how to ask people to do things in a nice way. She's always asking if we're OK and if there's a problem she will always help you out." A support worker undertaking their induction at the time of our inspection described the registered manager as, "dedicated and a workaholic," and commented that she was, "bossy in the best and nicest way." Support workers told us that the registered manager acknowledged and praised good practice. One support worker stated, "[The registered manager] picks up on things you can improve and things that you are doing well."

The registered manager told us that there was a system in place to continually audit the quality of the support provided within each element of the service. They told us that the providers head office had recently sent a survey to people and to staff in order to gain their opinion about the quality of support provided. The quality monitoring system in place included the registered manager, regional manager and manager of St. Elizabeth's Close undertaking quarterly audits at each location. The area manager reported findings of each audit to the person responsible for quality assurance within the organisation. They then fed any gaps into an action plan and monitored this in order to ensure that any shortfalls were addressed and actioned.

We reviewed the recent quarterly audits for both of the locations visited during our inspection. The audit document used was comprehensive and included a number of elements of the service. For example, it included checks of people's finances, support files, medication records as well as checks of staff records and observations of staff practice.

We noted that the registered manager's recent audit for St. Elizabeth's Close reflected the shortfalls identified during our inspection in relation to medication records, staff supervision and appraisal and people's records. The regional manager was present during the second day of our inspection and provided us with a copy of a detailed action plan they had implemented with the manager at St. Elizabeth's Close to address the identified shortfalls. The plan included clear information about the action required, who was responsible for completing this, how it would be monitored and a timescale for completion.

The findings of our inspection identified that a number of the audit documents in place at Leighton View were often more effective than those in place at St. Elizabeth's Close. The registered manager and the regional manager told us that where this had been identified, the documents in place at Leighton View had been shared with St. Elizabeth's Close and other services in order to ensure continuity. Both the registered manager and regional manager were also positive about the provider's forthcoming programme of 'streamlining' documents across the organisation and said this would again support continuity and uniformity across the service. As part of this process, they told us that the documents within people's support files would be reviewed and updated.

In addition to the above audits, we noted that a range of other audits were undertaken at the two locations visited. These included a range of health and safety checks such as weekly fire safety checks, food hygiene checks as well as checks of people's finances, wheelchairs and medicines. The support worker responsible for overseeing the health and safety checks at St. Elizabeth's Close said they reported any shortfalls to the manager and told us that any required actions were promptly addressed.

Support workers told us and our review of records confirmed that meetings took place to discuss, consult and update staff at the two locations visited during our inspection. They said they were able to raise issues within these meetings and felt that that their views, suggestions

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and contributions were listened to. For example, one support worker from St. Elizabeth's Close told us that the manager had recently implemented a suggestion they had made during a recent staff meeting.

During our inspection the registered manager and support workers at both locations told us about a number of ways in which they had and were continuing to establish and develop links with other organisations. In addition to looking into the local 'safe places' scheme in order to offer a safe place in the community where people with learning difficulties could go should they become lost, ill or frightened; the registered manager also said they had arranged for the safer neighbourhoods team to visit Leighton View and talk to people and others in the local area about hate crime. Safer neighbourhoods team work alongside statutory and voluntary sector organisations in order to reduce crime and anti-social behaviour. These examples demonstrated that Sheffield DCA were keen to work in partnership with other agencies and community organisations in order to share information and contribute to the wellbeing of the local community.