

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

## Adults Supporting Adults (ASA Shared Lives)

Railton House, Sleaford Business Park, East Road  
, Sleaford, NG34 7EQ

Tel: 01529416270

Date of Inspection: 28 November 2013

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December 2013

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Adults Supporting Adults (ASA Shared Lives)
Registered Manager	Ms. Jayne Marsh
Overview of the service	Adults Supporting Adults (ASA Shared Lives) is a registered charity providing support for adults who wish to remain or become a part of their chosen community. A range of services are provided to adults, including extended stay provision, respite, day resources and day time provision. The head office is in Sleaford however they also have offices in Louth, Boston, Lincoln, Spalding and Gainsborough.
Type of service	Shared Lives
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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Prior to our visit we reviewed all the information we had received from the provider.

As part of the inspection we visited the offices of Adults Supporting Adults (ASA), spoke with the registered manager, the Chief Executive, the operations manager and fourteen members of staff. We also looked at records, including the care files of people who used the service.

We spoke to people who used the service and to members of their host families that they lived with.

We saw that the service was well led and managed by a senior management team who displayed values and behaviours that put people at the heart of what they did. These values and behaviours were reflected by the members of the staff team we spoke with.

Records we reviewed showed people who used the service had their needs assessed and their care planned with involvement and input from themselves.

The provider had clear processes to ensure people who used the service were protected from any abuse and staff were clear in their responsibilities in reporting any concerns. One person who used the service told us, "Yes, I think so. I've been with (carer) and (carer) for 12 years. I don't have any worries".

Records we saw showed that staff had only been recruited once suitable checks and enquiries had been completed to help ensure their suitability to work with vulnerable people.

The provider had in place an effective means of assessing and improving the quality of the service provision.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the records of four people who used the service and saw that assessments had been carried out in respect of identified risk. Care plans were informative in describing what individual care and support people required. We saw care plans were reviewed and regularly updated to reflect people's changing needs. We asked people who used the service if they were involved in the review. One told us, "Yes, had one already this year. Social worker, somebody from ASA, (my carer) and me."

The assessments covered a range of subjects such as physical and mental health, mobility, food and nutrition, communication and financial affairs. We saw clear evidence that the person to whom the assessments and care plans related had been involved and consulted in the process. In all of the files we looked at they had signed their agreement to the documents and the care and support that they received. We asked people who used the service if they were involved. One said, "Yes. My new social worker talks to me about it." Another replied, "Yes. I know what they are supposed to do to help me and I'm always asked to take part."

The records we viewed showed that there was frequent dialogue with the person who used the service to check on such things as finance, whether they were happy with whom they were living with and other aspects of daily living. We saw the conversations were clearly recorded and any issues that had been identified had been addressed.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the records that related to the people with who the service users stayed. We saw that the selection process was thorough and there was close liaison between them and ASA. We looked at the monthly supervision records and saw that they addressed a wide range of issues that related to the person they hosted.

Records showed they had received training in a wide range of subjects that included first aid, food hygiene, safeguarding vulnerable adults and medicine administration all aimed at helping to deliver good quality, safe care and support to people using the service. One person told us, "The monthly meeting is invaluable in my opinion to keep ASA aware of what is happening but it also gives me support. Of course if there is anything I need to discuss between the supervision meetings I only have to pick up the phone."

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

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### **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The manager told us all staff had training in safeguarding adults, and staff we spoke with and records we saw confirmed this. Members of staff we spoke with were knowledgeable about the types of abuse people could face and knew how to report any concerns that arose.

Staff we spoke with were aware of the employers whistle blowing procedure and new staff we spoke with had received the training shortly prior to our visit. They told us that all the policies were available at their particular place of work for them to view.

The provider responded appropriately to any allegation of abuse. We were aware that they had worked cooperatively with the local adults safeguarding team. The manager told us the actions they had taken as a result of these to prevent them from occurring again. This showed the provider had responded to any allegation of abuse and taken the appropriate steps to resolve the matter.

We asked people who used the service if they considered themselves to be safe. One replied, "I have a mobile phone in case I get into any difficulty." Another said, "Yes, I think so. I've been with (carer) and (carer) for 12 years. I don't have any worries".



## Requirements relating to workers

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

There were effective recruitment and selection processes in place. Records we saw showed that before a family had a person who used the service placed with them, they went through an extensive and thorough recruitment and evaluation process. This was to help and ensure that they were suitable people to deliver care and support people. This included obtaining references, checks on their previous history as well as interviews and training.

We saw that a number of new staff had recently been recruited and we looked at the records relating to the recruitment of six of them. We found in each case the proper checks including proof of identity, references and details of any criminal convictions had been obtained prior to them commencing employment.

We took the opportunity to speak with 12 new members of staff who were receiving some training. They told us that they thought the recruitment procedure was thorough and confirmed that references and checks on their history had been a requirement before starting work.

They were part way through their common induction standards and were complimentary about the standard of the training and induction process. One told us, "I've worked in the caring industry for some years at several places, some small but also well know national companies. I can tell you this is the best delivered training I have had." Another said, "I think the training will give me the right tools to do the job."

We spoke with the Chief Executive who told us, "I have been involved in the interview and selection process for some of the new staff. I think it is important that we have a range of skills and competencies but the most important thing for us is that the people we employ display the right values and behaviours. We can teach them the things they need to know. It's far more difficult to change people's values and the way they behave."

We spoke to two experienced members of staff, one of whom had worked for the provider for some years. One said, "We have both kept our professional registrations and the manager is supportive of that."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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### Reasons for our judgement

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We saw that the provider regularly sought the views of people who used the service (known as clients), their hosts (known as providers) and members of staff about how the service operated and the quality of service provision. Any issues raised had been addressed and where necessary or appropriate changes had been made.

We looked at minutes of provider meetings and saw that issues discussed had a direct bearing on the care and support people received.

We looked at the minutes from the client feedback working group where subjects such as the staff dress code, holidays and finance had been discussed. This group had been consulted over the format of the client questionnaire and as result of their comments and recommendations the form had been modified.

We looked at the completed questionnaires that had been completed by the providers. We saw that the results were overwhelmingly positive, all responses having been either satisfied or very satisfied except for one person who was concerned about the amount of clerical and paperwork they had to complete, especially around finance. The Operations Manager told us, "I know there is a lot of paperwork, especially about clients' money, but we are very sensitive and careful about this in particular. We take every precaution to ensure there is no room for error." They added, "We are trialling new IT so people can do submissions on line but not everybody is comfortable with computers are they. It's up to them how they do it."

The registered manager and Chief Executive explained how they had developed a system to assist them in monitoring performance and quality assurance that they called 'Microscope'. All members of staff fed into the system which matched data items to the CQC essential outcomes and highlighted examples of good practice and also where things could have been done better. The results were used to better inform management and

staff about any areas of concern or areas that may need improvement.

We saw that the monthly supervision forms of the providers also contained references to the essential outcomes and again the data from these supervisions was used as an aid in quality assurance.

## About CQC inspections

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

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

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

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

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

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

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

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

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


You can tell us about your experience of this provider on our website.


## How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

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

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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



## Contact us

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