

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

## Access for Living

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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>Management of medicines</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
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Access for Living
Registered Manager	Miss Janice Allen
Overview of the service	Access for Living provides care and support to people with learning disabilities, mental ill health, physical and sensory impairment in their own homes and supported living schemes in the London Borough of Lewisham. At the time of our inspection, 39 people were accommodated in supported living schemes and 27 people were being supported in their own home.
Type of services	Domiciliary care service Supported living service
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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

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### What people told us and what we found

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A single inspector carried out this inspection. We spoke with three people who used the service, two relatives and two members of staff. We reviewed the care records in place and looked at how the service was managed in relation to the standards we inspected.

The focus of the inspection was to gather evidence to answer the five key questions : is the service safe, effective, caring, responsive and well-led?

Is the service safe?

The service was safe because risks were identified and managed effectively. Staff had received safeguarding training. The organisation undertook the proper checks before staff were allowed to work with people receiving support. These checks included whether a potential staff member had any previous criminal convictions.

People's medicines were handled safely and staff had been trained in the safe administration of medicines.

Is the service effective?

The service was effective because we received very positive feedback from people who used the service, their relatives and staff. The service worked well with professionals who visited people in their homes and offered guidance and advice.

The service was effective because it had provided relevant training to staff which enabled them to support people well.

Is the service caring?

The service was caring because we observed very positive interactions between the manager who accompanied us on our visit and the people who we visited. There was a clear desire to meet people's needs as comprehensively as possible.

People receiving support described staff as being very caring and this was corroborated by relatives in relation to support provided to their family member.

Is the service responsive?

People's needs had been assessed initially before support was provided. There were regular meetings in place between people supported and staff. People undertook activities they enjoyed and chose for themselves.

People were encouraged to maintain friendships and relationships as well as have their family visit them regularly.

Is the service well-led?

There were effective quality monitoring processes in place. Surveys had been carried out to seek the views of people who used the service, relatives and staff. We saw actions arising from these were undertaken.

Decisions were taken at an appropriate level within the organisation, for example the Chief Executive reviewing all complaints and working with managers to seek to address all of the issues raised.

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 were planned and delivered in line with their individual care plan. We visited and spoke with two people who received a domiciliary care service and spoke with one person who received support in a supported living setting, on the telephone. One person told us "Staff are okay. They help me with my shopping and I have been on holiday a few weeks ago. Another person we spoke with said their staff were "good." People were happy to be living in their own flat with flexible support and we observed positive interactions between them and staff. Another person said "It's a nice place to live here" and "staff are friendly and I am safe all the time."

We spoke with two relatives of people who used the service. One said "My relative is choosy but they get on very well with their staff and the staff always respond well to me." The other person said "The staff have always supported my relative very well."

We met with two staff members and asked them about people's care and welfare. One person said they were "very impressed" and explained this was because "The service has a very well thought out philosophy. This is based on promoting independence, a wide community presence and people expressing and making choices." This person also said team meetings were held regularly and they were also very user-focused at all times. The other staff member said "There is a good quality of support. Problems and issues are dealt with quickly which means they don't become big problems."

We saw people's needs were assessed before support was provided. We saw people had a social work assessment of need completed by the local authority which led to the service drawing up a plan after undertaking their own assessment. There was a different approach to assessment and planning by the separate outreach and supported living elements of the service. In outreach, the outreach manager would complete an assessment form after an initial visit. This covered people's basic needs and what tasks they needed support with. In supported living, a full person-centred plan was developed which we saw examples of. Areas covered included how people wished to be supported and their aspirations for the

future. We were shown the review processes which were in place to check if people's needs had changed and we observed reviews did take place and guidelines were amended where required. There were comprehensive risk assessments and support guidelines in place. The provider may wish to note there was no record of dates when support guidelines had been reviewed and, where necessary, amended.

The service was a member of two local forums on health and housing and this helped it to keep up-to-date with new developments and research evidence. The service had adequate on-call arrangements in place to deal with foreseeable emergencies. In addition, we looked at first aid arrangements. Staff had current first aid training and there were first aid kits in each supported living setting. Regular fire drills took place and there was a general emergency evacuation plan for each setting, detailing each person's need for support in the event of an emergency evacuation. The service was developing a personal emergency evacuation plan (PEEP) for each person who lived in a supported living setting.

When we visited a person in their own home we saw that reasonable adjustments had been made. For example, the person needed to get to know people supporting them well and preferred a small support team of staff they had got to know and in whom they trusted. This had been provided and the person told us they were happy with these arrangements. People appeared to be living active lives. Some activities which people chose to do included sensory music sessions, reflexology, attending social clubs and meeting up with friends.

People should be given the medicines they need when they need them, and in a safe way

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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Medicines were handled appropriately. The staff members we spoke with confirmed they had received medicines administration training prior to being allowed to administer medicines to people supported and we saw documentary evidence to support this. We asked one staff member to describe the process they undertake to safely administer medicines for a person. They did so and we concluded the process undertaken was safe and comprehensive. We also checked the staff member knew how to re-order medicines and how to dispose of them safely, which they did. The other staff member we spoke with described supporting a person who needed prompting and supervision to administer their medicines semi-independently. This process appeared to be safe and empowering for the person. Both staff said they were aware of and worked to the organisational medicines policy. We were shown a copy of this policy. We looked at completed medication administration record (MAR) sheets and saw these were completed correctly.

The registered manager showed us the competency assessment process for assessing a staff member's ability to safely administer medicines. We asked about audits of medicines administration and recording practices. The service worked with a pharmacy advisor who undertook an audit every six months; we saw a copy of the latest audit.

We asked the registered manager about the management of homely remedies. A list of all current homely remedies was held in each supported living service and we saw a copy of one of these which had been signed by a local general practitioner.

We discussed the process in place to assess a person's ability to self-medicate. We were shown documentation to demonstrate the steps undertaken to "sign-off" a person being able to self-medicate. We concluded the process was safe and that staff had clear guidance on their role in monitoring a person's safety in self-administering their medication whilst respecting the person's right to take control of this important area of their lives.

## 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

Appropriate checks were undertaken before staff began work. Both of the staff members we spoke with told us they had a formal interview before being appointed and two written references were also taken up. They both also confirmed that Criminal Records Bureau (CRB) checks were undertaken when they applied to work for the organisation. We discussed with the registered manager what the organisation's policy was in relation to reference taking. They stated one reference must be from the staff member's last employer and the second reference preferably from the previous employer. However, a personal reference is accepted if the staff member only has one previous employer. We saw copies of references on the files we looked at.

We saw the organisational recruitment policy and found it described all aspects of the recruitment process comprehensively. We saw the policy highlighted the need to check the person's physical and mental health prior to employment and the registered manager confirmed these areas were explored on the application form and, if necessary, at interview.

We discussed the organisation's view on whether experience of working with vulnerable adults was more important than potential recruits demonstrating sound values and person-centred approaches at interview. The registered manager said "We don't insist on qualifications or experience. Having the right attitude is more important." They also told us the aim is for one person receiving support to be involved in each interview process.

We raised the issue of declarations of past convictions being highlighted on a person's DBS documentation. We asked the registered manager how they would approach such an issue. They told us that it depended on the nature of the offence and how it was dealt with. A manager would pass the issue to the Chief Executive who would make the final decision.

## 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 receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We met with two staff members and asked them about people's support. One person said they were "very impressed" and explained this was because "The service has a very well thought out philosophy. This is based on promoting independence, a wide community presence and people expressing and making choices." This person also said team meetings were held regularly but they were also very user-focused at all times. The other staff member said "There is a good quality of support. Problems and issues are dealt with quickly which means they don't become big problems." We asked staff what regular monitoring checks or tasks they undertook. They told us they checked in new medicines received, checked the stocks of medicines held and undertook fire, food and health and safety checks. We were also told by one staff member that they took responsibility for house maintenance and for liaising with the housing association to ensure issues were fixed. One staff member said "All the systems are in place. We do checks continually" and "It's part of your duties, so it's always on our minds. We pass on the checks to new members of staff." A relative told us "The quality of the service and the staff is one thousand per cent."

We saw that decision making was taken at the right levels within the organisation. For example, where a person had a complex issue disclosed on their DBS form, this issue was passed to the Chief Executive to make a decision on whether or not to employ the person.

We saw internal quality audits were carried out by a manager who was not responsible for the service being audited. We saw documentation recording these audits and they appeared to be comprehensive in the areas they examined. The service undertook an annual survey of the views of people who received support and their families. Questionnaires were given out at the annual meeting with people and their relatives. The focus last year was on employment opportunities for people receiving support and this year's focus was on health issues. The organisation saw its' response to the questionnaires as a key aspect of organisational learning and used the information to feed into its' business plan. At a service level, individual teams had an annual planning day where priorities, targets and outcomes were identified by the team with the clear focus

being meeting the needs of people supported.

We looked at the "meta outcomes" which local authority commissioners had set for this service as part of their quality monitoring process. Some examples of areas of outcomes were employment, relationships and skills teaching. The service had used these to plan specifically how they would achieve the outcomes with people, how they would know when outcomes had been achieved and what and how evidence could be captured. We saw files containing this evidence.

We looked at the incident and accident reporting process with the registered manager. These were completed by staff and passed to the manager of the service. The manager identified actions arising from the incident or accident and we saw examples of these and discussed actions which had been taken and completed. The completed forms were then sent to the Chief Executive to review and agree or amend. Accidents and incidents were reported to the commissioners as part of the quarterly quality monitoring review process. We concluded the organisation learnt from accidents and incidents and took steps to ensure all necessary actions were taken to try to prevent future occurrences of such events.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in a photo and compact disc based accessible complaints system. This was passed to each person supported and explained to them by staff. Staff helped people to complete the complaint form if they needed support to do so. People we spoke with told us that they would speak to a manager if they were unhappy about the service.

Staff we spoke with had knowledge of the complaints process and their role in supporting people to access it. One of the staff said "If people are not happy with how we handle their complaints, they can go to the local authority and we would support them to do this." They also said "They might want to talk to somebody independent like an advocate." Staff talked about protecting people receiving support who had made a complaint. Both staff members we spoke with were committed to this objective. Both staff members told us they had never needed to support a person to make a formal complaint.

We saw there was a comprehensive complaints policy in place. Each formal complaint made in writing was passed from a manager to the Chief Executive. The Chief Executive would then decide how best to respond to the complaint. The service kept a log of all complaints made and recorded that these had been resolved to the satisfaction of the person making the complaint.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

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

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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