

Review of compliance

Access for Living Access for Living	
Region:	London
Location address:	Unit 9 Southbrook Mews Southbrook Road, Lee London SE12 8LG
Type of service:	Domiciliary care service Supported living service
Date of Publication:	February 2012
Overview of the service:	Access for Living is a domiciliary care and supported living service. The organisation provides care in people's own homes and 24 hour care in ten supported living homes. The service's head office is located in Lee, south east London and is near to local transport links and facilities.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Access for Living was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 27 January 2012.

What people told us

People felt supported by the service. One person said that they were "very satisfied" with the service. Another said that they were "treated well" and "everything was fine" with the service they received.

People said that staff respected their privacy and dignity. They said that they were involved in their care planning and were helped to be independent. They said that staff helped them with their daily lives and activities that in which they were interested.

They said that staff always turned up and stayed for the allotted time. They said that the service kept them informed about their care and who would be providing it.

They also said that if they were concerned about something, they felt able to speak with their support worker or someone in the office.

What we found about the standards we reviewed and how well Access for Living was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Suitable arrangements were in place to ensure that people's privacy, dignity and independence was maintained. People were involved in their assessments, care planning and reviews.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People were protected against the risks of receiving inappropriate or unsafe care. The planning and delivery of care and treatment met people's individual needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Suitable arrangements were in place to ensure that people were safeguarded against the risk of abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Suitable arrangements were in place to ensure that staff were properly trained, supervised and appraised.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People were protected from unsafe care by an effectively operated system to assess and monitor the quality of care.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People were protected against the risks of unsafe or inappropriate care and treatment by means of proper and accurate information being recorded about them in their records.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People said that staff respected their privacy and dignity. They said that they were involved in their care planning and were helped to be independent. They said that staff helped them with their daily lives and supported them to do activities in which they were interested.

Other evidence

We found that people's needs and preferences were placed at the centre of the care being provided to them. People were involved in the planning of their care. People and their relatives or carers attended regular reviews of the care being provided to them. People received copies of their care plans.

We saw that people were able to choose what activities they could participate in or how to spend their time with their support worker.

Staff satisfactorily explained how they protected people's privacy and dignity and encouraged their independence.

People and their relatives or carers were provided with information about the service and their care beforehand. The information was available in different formats.

We found that people were involved in the running of the service. Some people had been invited to participate in interviewing prospective employees and be involved in the induction programme for new employees. These people had received training and support from the service to carry out these roles.

An annual survey of people who used the service was also carried out and the results were analysed and considered by the management team.

Our judgement

Suitable arrangements were in place to ensure that people's privacy, dignity and independence was maintained. People were involved in their assessments, care planning and reviews.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People felt supported by the service. One person said that they were "very satisfied" with the service. Another said that they were "treated well" and "everything was fine" with the service they received. They said that staff helped them to participate in activities in which they were interested. They said that staff always turned up and stayed for the allotted time. They said that the service kept them informed about their care and who would be providing it.

Other evidence

We found that care was centred on each person as an individual. People's needs and preferences were taken into account when planning and delivering care. People were helped to participate in activities and maintain personal relationships.

We found that most people's care plans were personalised and detailed. Assessments of risks had been carried out in most cases. However, one person's care plan did not clearly outline the care package they were receiving. The plan also did not include any risk assessments and how these would be managed and reviewed.

We found in another person's file that meetings with their key worker to review their care package had not happened when the service had deemed it was required.

Where appropriate, people's health was being monitored on an ongoing basis. We saw that people had in place health action plans and were supported to see various health professionals on a regular basis. However, we found that one person had not seen a

health professional for a specific check up when it was required.

The staff we spoke to said that they would be able to recognise if a person's health was deteriorating and that they would know what action to take in such circumstances.

Our judgement

People were protected against the risks of receiving inappropriate or unsafe care. The planning and delivery of care and treatment met people's individual needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People said that if they were concerned about something, they felt able to speak with their support worker or someone in the office.

Other evidence

We found that the service had in place appropriate procedures for dealing with safeguarding concerns. There were suitable processes in place for investigating safeguarding issues and referring them to the appropriate authorities. We saw evidence which showed that appropriate actions had been taken when possible safeguarding issues had arisen.

On speaking with staff, we found that they were aware of how to identify the signs of abuse. They were able to clearly explain what action they would take if they became aware of a safeguarding issue. They felt that the service would support them if they felt the need to raise concerns.

We saw that staff had refresher safeguarding training on an ongoing basis.

Our judgement

Suitable arrangements were in place to ensure that people were safeguarded against the risk of abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People received care from staff who had been appropriately trained, supervised and appraised.

Other evidence

We found that the service provided a structured induction. Staff said that they felt supported during their induction period.

Staff felt that the service provided them with training opportunities. On reviewing staff records, we found that staff attended a range of training on an ongoing basis. Staff were provided with additional training when the need arose.

We found that staff were being appropriately supported by the service. We saw that team meetings regularly took place. Staff said that the service kept them up to date with changes in policy and practice and that staff communicated well with each other. They said that they had regular supervision meetings with their manager, although details of supervision meetings were not always recorded. We found that staff were being appraised annually and plans for their development were in place.

Staff felt that they were supported by the service and that they would be able to raise any concerns with their manager or other member of staff.

Our judgement

Suitable arrangements were in place to ensure that staff were properly trained, supervised and appraised.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome. However, people using the service could be assured that there were systems in place to monitor the quality of care and identify and manage risks.

Other evidence

The service had measures in place to monitor the quality of care that people received.

The service carried out a rolling programme of internal audits which focused on specific areas. As part of this programme, we saw that a selection of people's personal care plans had been audited.

On occasions, staff were observed by managers to determine whether they were providing the appropriate care for people.

We saw evidence of periodic formal visits by the management team to supported living services to assess the quality of care being provided to people. The service was also subject to annual commissioner assessments.

We saw evidence that the service carried out annual surveys of people's experience of the care that they received in both outreach and supported living services. The service was also in regular contact with the people it provided care to and gave them the opportunity to raise any concerns.

The service had a system in place for recording incidents and accidents. All incidents and accidents were reviewed by both a manager and the chief executive. Where concerns were identified about a particular incident, further investigations could be carried out. We reviewed one particular incident and saw that the matter had been reviewed thoroughly.

Our judgement

People were protected from unsafe care by an effectively operated system to assess and monitor the quality of care.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome. However, people using the service could not always be assured that their records were accurate.

Other evidence

On reviewing people's and staff records, we found that they were mostly up to date. In particular, we saw that detailed records daily visits by outreach workers to people were maintained. However, we found that some people's records were not always up to date. In one person's records we found that the care that they were receiving from the service was not clearly set out.

In addition, we found that records of supervising staff were not always kept, although staff said that they had regular supervision meetings with their manager.

Our judgement

People were protected against the risks of unsafe or inappropriate care and treatment by means of proper and accurate information being recorded about them in their records.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People were protected against the risks of receiving inappropriate or unsafe care. The planning and delivery of care and treatment met people's individual needs.	
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	Why we have concerns: People were protected against the risks of unsafe or inappropriate care and treatment by means of proper and accurate information being recorded about them in their records.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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