

***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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2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<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>Complaints</b>	✓	Met this standard
<b>Records</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 in people's own homes and 24 hour care in nine supported living homes. The service provides care and support to people living in the London Borough of Lewisham. Access for Living provides services to people with learning disabilities. Some of the people supported also have a physical or sensory impairment or mental health issue.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 10 January 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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People told us they were satisfied with the care and support they received, and that the staff members who looked after them were 'good'.

People were made aware of the complaints system. However most people we spoke with did not have any complaints.

Care records were in place for people using the service and these were kept up to date.

There were suitable arrangements in place to ensure consent was sought from people in relation to the care and support they received.

Staff responsibilities in relation to the management of medicines were clearly recorded, and both staff and people using the service understood these responsibilities.

People with relevant qualifications, knowledge, skills and experience were employed to care for people at Access for Living. Recruitment and background checks were completed before new staff joined the service. However the provider may find it useful to note that Disclosure and Barring service checks (formally Criminal Record Bureau checks) had not been repeated for staff who had been employed in the service for many years.

Policies and procedures were maintained in relation to all aspects of the operation of the service. However, the provider may find it useful to note that review dates were not set on policies and procedures, and many of them had not been reviewed for more than three years.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People we spoke with told us that they were involved in decisions about their care and were asked about their needs and preferences. One relative told us, "I get invited to meetings to discuss [my family member's] care."

Where people did not have the capacity to consent to care and support, the provider acted in accordance with legal requirements. Family members were involved in the decision making process about their care, and best interest meetings were held and recorded.

The manager told us that staff received training in Consent and Deprivation of Liberty safeguards as part of their induction into the service. Records confirmed that new staff who had recently joined the service had received training sessions in these topics.

Staff members we spoke with gave examples of ways they would ensure that had suitable consent from people to care for and support them. They spoke of explaining options to people, asking people about their preferences and waiting for responses. They also mentioned contacting advocacy services if people wanted that support.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records showed that people's needs were assessed before they started using the service. Plans of care were in place for people using the service which were developed with their involvement, consulting the referral details made for them by the social services department if this was the route of referral.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were supported to engage in activities and interests of their choice, access their communities, and maintain their independence and individuality. People were supported with a range of activities including maintaining personal hygiene, keeping their homes clean and tidy, shopping and attending classes and courses.

People and their relatives told us the care and support they received met their needs. One person being supported in their own home told us, "I'm very happy here. I've got my own space, and the care is mostly good." A relative told us, "They're doing a really good job, I'm really pleased."

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Access for Living provides services to people with learning disabilities. Some of the people supported also have a physical or sensory impairment or mental health issue. The service supported them to access the community and services within it. For example, staff spoke of how they supported people to access medical care if they were unwell. Information about people's medication conditions were maintained in their care records, and records of appointments were maintained.

**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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Staff received training in medicines policy and procedures as part of their induction. Staff also completed medication competency checks before they started supporting people to take their medicines. Staff responsibilities in relation to the management of medicines were clearly recorded in people's care plans.

Appropriate arrangements were in place in relation to the recording of medicine. Medication administration records were in use to document medicines that were administered to people.

Medicines were handled appropriately and safely administered. People and their relatives told us that they had the support they needed to take their medicines.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. A checklist for successful applicants was in use in the service. This included checks of employment references, occupational health assessment and Criminal Record Bureau (CRB) checks. However, the provider may find it useful to note that Disclosure and Barring service checks (formally Criminal Record Bureau checks) had not been repeated for several years, in some cases in over ten years, for existing members of staff. This meant that the service may not have the most up to date information regarding employed staff.

New staff members provided evidence of their proof of identity and right to work in the United Kingdom before they began work.

There were effective recruitment and selection processes in place which ensured that members of staff with relevant qualifications, knowledge, skills and experience were employed.

## Complaints

✓ Met this standard

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. However most people we spoke with did not have any complaints.

The complaints procedure was provided in a format that met people's needs. Complaints packs were available for people using the service and relatives. The packs for people using the service were in an easy read format. Both complaints packs contained details of how to make complaints in paper and CD formats.

If people needed assistance, they were given support by the provider to make a comment or complaint. Staff spoke of supporting people to escalate any concerning issues, by reporting them to their manager or the office. One staff member told us, "We offer service users the option of contacting the head office, or even visiting to discuss their concerns face to face."

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

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### Reasons for our judgement

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Our previous inspection of 27 January 2012 found that some care records were not always up to date. During this inspection, we found that people's care records including medical records were accurate and fit for purpose. Annual reviews were completed of care plans by managers within the service. Important people in service users' lives were invited to attend and contribute at these meetings. Annual learning disabilities assessments were also completed by the social services. People's day to day care was amended to reflect the outcomes of these reviews.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were maintained for staff in relation to their recruitment and ongoing support arrangements, such as training and supervision.

Records were kept securely and could be located promptly when needed. All records were kept locked and secure in the head office premises. All the records we requested for review were promptly located and provided.

Policies and procedures were maintained in relation to all aspects of the operation of the service. However, the provider may find it useful to note that review dates were not set on policies and procedures, and many of them had not been reviewed for more than three years.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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