

*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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2014

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>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Access for Living
Registered Manager	Miss Janice Allen
Overview of the service	<p>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. At the time of our inspection, 39 people were accommodated in supported living and 27 people were being supported in their own home.</p>
Type of services	<p>Domiciliary care service</p> <p>Supported living service</p>
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 25 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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People and their relatives were mostly positive about their experience of the service provided. One person's relative said, "I can't praise the staff enough. They are really knowledgeable about my son and meet his needs and more." Another said, "We have a good, open relationship with managers and carers. You can speak freely with them and they always listen to you and deal with things quickly."

Up to date, individual care plans were in place for people who used the service which addressed their care and support needs and protected them from risks. We saw evidence of regular reviews of support provided and assessed risks in people's care records and people and their relatives we spoke with confirmed this.

The service worked in partnership with other providers to ensure people's health, safety and welfare needs were met.

People who used the service and their relatives said they felt safe and secure in the presence of the staff who supported them. People in supported living told us that they could call staff at any time if they needed support and could also speak to the manager if they needed to. Relatives of people being supported in their own home, told us the managers and staff at the office were readily accessible if they needed to raise any issues.

New staff received an induction, training and support for their role. Staff received regular refresher training to update key skills and knowledge and were supported to undertake further professional development. There were appropriate systems for supervising and appraising staff.

There were systems in place to monitor the quality of the service provided. People who used the service gave regular informal feedback and there was an annual satisfaction survey to enable them to comment formally on service quality and delivery. The service had systems to manage and review incidents and complaints.

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. Care records contained care profiles and we saw details of reviews of people's care, treatment and support needs with physical and mental health and social care professionals. One person in supported living told us they met monthly with their key worker to review their personal care plan and any changes were made with their agreement. A relative of a person receiving home care support said the provider had recently visited to review the support provided and took account of changing needs in updating the support plan.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Care records reflected people's individual circumstances, needs and preferences. Physical, mental and social needs were taken into account. Planning and delivery of care identified risks and how they would be managed. We saw that there were regular, up to date reviews covering a range of risk areas. Relatives of people being supported in their own home told us that carers always arrived on time and provided support for the agreed amount of time. If the regular carers were away they were told in advance who would be replacing them. When there were any changes the provider ensured that people were comfortable with new carers before allocating them to provide their support. One person's relative said, "I can't praise the staff enough. They are really knowledgeable about my son and meet his needs and more." Another said, "We have a good, open relationship with managers and carers. You can speak freely with them and they always listen to you and deal with things quickly."

People we spoke with in supported living told us they took part in a number of activities in the community, either on their own or with the support of staff. They also told us of activities they engaged in at the home. One person said, "I do my own laundry and tidy up my room." Another said, "I attend college, visit the shops and go on outings."

There were arrangements in place to deal with foreseeable emergencies. Staff had

received training in fire safety and also first aid covering medical emergencies. The provider had a business continuity plan to prepare for and cope with the effect of an emergency, both at an organisational and individual service level.

People's care and treatment reflected relevant research and guidance. People in supported living had defined outcomes (a process for setting personal goals) set by local authority commissioners.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and support. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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People's health, safety and welfare was protected when more than one provider was involved in their care and support. This was because the provider worked in co-operation with others.

There were processes for obtaining and sharing information with other providers. We saw from records that the service worked closely with referral authorities and, other providers and sought and shared information appropriately.

We saw that the provider received detailed information about people being considered for the service. Where there were gaps or clarification was needed managers and staff liaised with the referral authority to obtain further information. When people were taken on by the service, a full assessment of people's needs was carried out to inform care planning and to arrange support specific to their individual needs. Information about them was communicated promptly to staff assigned to support each person.

If people needed to visit hospital, their GP or other health and social care providers, appropriate information was provided to, and received from them. The service ensured that people's needs were fully communicated during this process. We saw also that when people returned from visits to other providers, the service was provided with information about the treatment they had received and advice about on-going care, including medication needs.

Staff we spoke with were aware of confidentiality and data protection issues regarding the use of people's information and had been provided with training and briefing about this. The provider had a confidentiality policy to guide staff in observing the rights of people using the service.

**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.

People who used the service and their relatives said they felt safe and secure in the presence of the staff who supported them. People in supported living told us that they could call staff at any time if they needed support and could also speak to the manager if they needed to. Relatives of people being supported in their own home, told us the managers and staff at the office were readily accessible if they needed to raise any issues.

There was a safeguarding policy and procedure in place for staff. A 'service user protection policy' in a pictorial format was available to help people protect themselves from abuse. Staff we spoke with told us that they had completed safeguarding training. We saw evidence of this in staff training records and in the comprehensive training materials that supported this. Staff showed an awareness of the process to follow if they were concerned that someone was being neglected or abused.

The service had submitted to us statutory notifications as required. We discussed with managers the processes followed in relation to two safeguarding cases on going at the time of the inspection and noted that appropriate action had been taken in the stages reached.

The service did not use restraint to control people when they displayed challenging behaviour. However, staff were trained in breakaway techniques to help protect people who used the service and enable staff to maintain their personal safety in the event of conflict.

At our inspection we were shown the procedures for supporting people to manage their money, including the system for recording and reconciling people's finances. The process for reconciling financial transactions had recently been strengthened. The provider had

updated the financial policy and procedure in June 2013 and related further training was being provided to all staff at the service. The provider carried out regular audits of the management of people's finances at each supported living home. We saw recent audit reports which identified follow up action was required and this was reviewed at the next audit to check on implementation.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

We spoke with a recently recruited member of staff who told us that they had completed a thorough, two week, induction process including attendance at provider induction training, on the job induction and working alongside colleagues. They told us this prepared them well for their role and they felt supported by their manager and colleagues during this process. We saw details of the comprehensive induction programme new staff underwent, based on common induction standards for health and social care workers.

We spoke with the provider's training co-ordinator who explained how staff training was planned and scheduled. We were shown computer and paper records of the process for managers to monitor individual staff training and book regular refresher training to maintain their competence in key aspects of their role. This included health and safety, fire safety, infection control, first aid, safeguarding, medication administration and moving and handling. Staff also received training in additional areas to meet the specific needs of people they were caring for including, sign language, supporting people with epilepsy, medication for people with diabetes and dementia awareness. We saw evidence of training completed in individual staff and central training records.

Staff were also supported in training for further career development. The training co-ordinator told us that all staff were encouraged to pursue Qualifications and Credit Framework (QCF) level three courses in health and social care and 80% of staff had done so. Managers were encouraged to obtain the related QCF level 5 management training.

Staff we spoke with were positive about the training they received and the further development opportunities that were available. One member of staff said, "I'm very happy with the training provided and couldn't have asked for more."

The provider had a supervision and appraisal system in place. Staff told us that they received regular supervision meetings with their manager and we saw records which confirmed this. Some staff we spoke with told us that they had received an appraisal review in the last year. However, the provider may find it useful to note that several staff

had not had an appraisal review for over a year, although we were told by the managers concerned that arrangements were being made to complete these by the end of the year. Staff told us that outside of the formal arrangements they were able to raise day to day work issues with their managers, who were approachable and supportive about work matters.

Staff also told us they found helpful the regular staff meetings to discuss matters relating to people they were caring for, the running of the service and wider developments in the organisation. We saw records of regular meetings of the provider's management team; deputy managers; support workers (chaired by the chief executive) and individual supported living homes.

There were a range of human resources policies and procedures in place including a whistle-blowing procedure, which staff were aware of. There was also a policy to support and protect staff, for example, when they were working alone.

## 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 use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider systematically assessed people's satisfaction with the quality of service they received. People in supported living met monthly with a member of staff to review care planning and were given the opportunity to raise issues about service delivery. People who were supported in their own home or their relatives were contacted weekly to confirm details of home visits for the following week and were asked for any feedback about the service. Staff told us that they checked on people's satisfaction at every visit.

The provider carried out an annual service user satisfaction survey which was provided in written and pictorial format. The provider produced a quality assurance review report which reported on issues identified from the survey and other sources and set out action for quality improvements. We saw the report for 2012 and the draft report for 2013.

The service monitored staff performance and managers carried out 'observation supervision' of staff carrying out their duties. Relatives of people who were supported in their own homes said that they normally had the same care staff, who always kept in touch with them and did not miss visits. They told us that the office communicated effectively with them about any changes and were readily accessible if any problems or issues arose.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw copies of accident and incident reports by staff and information that demonstrated that the service had responded appropriately.

The provider took account of complaints and comments to improve the service. The complaints procedure was provided in an accessible format that met people's needs. People we spoke with or their relatives told us they were given information about how to complain when they started using the service. The majority of people we spoke with said they had no reason to complain about the service. However, one person told us that they

were not happy with the outcome of their complaint under either the provider's or the local authority's procedures to whom the complaint had been escalated. The provider analysed complaints to identify trends and areas for service improvement. We noted that where appropriate issues arising from complaints were identified and these were discussed at staff meetings to feedback on lessons learned.

The provider submitted a quarterly contract monitoring report to the local authority commissioners covering a range of quality assurance issues including accidents and incidents, complaints, safeguarding, casework and specific support issues relating to individuals who used the service. We saw the April to June 2013 report.

## 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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