

Access for Living

Bargery Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place 13 March 2015. The last inspection of the service was on 25 October 2013. We found the service met all the regulations we looked at.

The service provides care and accommodation to five people with learning difficulties. The service had a registered manager who has been in post for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the service. They said staff treated them with respect. Care records confirmed that people had been given appropriate support and care. Safeguarding adults from abuse procedures was in place and staff understood how to safeguard the people they supported. Staff told us they were supported to do their jobs effectively. There were sufficient numbers of staff on duty to meet people's needs.

Summary of findings

Their individual needs had been assessed and their support planned and delivered in accordance to their wishes. People were involved in reviewing their support to ensure it was effective. Risks to people were assessed and management plan put in place to ensure that people were protected from risks associated with their support and care.

People received their medicines safely and were supported to maintain good health. The service worked effectively with other health and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments.

People's choices and decisions were respected. People consented to their care and support before it was delivered. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure that best interests' decisions were made for those who lacked the mental capacity to make such decisions; and people were not unlawfully deprived of their liberty.

People were provided with a choice of food, and were supported to eat when required.

People were encouraged to follow interests and develop new skills. There were a range of activities which took place. People were encouraged to be as independent as possible.

The service held regular meetings with people to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service.

The provider carried out regular audits of the service. Recommendations to develop the service were made and these were followed up to ensure people's experience of the service was improved.

The carpet, furniture and decoration throughout the home looked wore out and tired. The provider showed us a work plan to improve the general maintenance and redecoration throughout the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service safe. The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood signs to recognise abuse and how to report them following their organisation's procedures.

There were sufficient number of staff on duty to meet people's needs.

Medicines were handled and managed safely.

There was plan in place to redecorate and improvement the physical environment of the home.

Good



Is the service effective?

The service was effective. People were supported by staff who were trained to meet their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The service knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat a healthy diet and to receive the health care they needed.

People were supported to access healthcare services to meet their needs.

Good



Is the service caring?

The service was caring. People were treated with dignity and their privacy respected by staff.

People were involved in planning their care and support and their wishes respected.

Staff understood people and communicated effectively with them about their support.

Good



Is the service responsive?

The service was responsive. The provider assessed people's individual needs planned and delivered their support to meet their needs.

People were asked about their preferences and encouraged to follow their interests and develop new skills for daily living.

People were given the opportunity to raise concerns about the service and they were acted on.

Good



Is the service well-led?

The service was well led. The registered manager was open and approachable.

The provider carried out various audits to check the quality of the service provided. Recommendations made about how to improve the service were implemented.

Good



Bargery Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 March 2015 and was unannounced.

The inspection was carried out by one inspector. We reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service.

During the inspection we spoke face to face with three people who used the service, three members of staff and the registered manager. We observed how staff supported people and how staff handed over information about people from one shift to the next. After the inspection we spoke to a health care professional from the Community Mental Health Team to obtain their view of the service.

We reviewed three people's care records and five people's medicines administration records (MAR). We looked at recent reports completed by the provider on the quality of the service. After the inspection, at our request, the registered manager sent us information in relation to the training and supervision of staff.

Is the service safe?

Our findings

People told us they felt safe in the service. A person said, “I feel safe here. They have people here all the time. There is a door alarm so no need to worry...” Another person told us “I feel safe; there is no problem about that.” And a third person said “They don’t ill treat me. They speak to me nicely...I have never been bullied. I won’t let anyone do that to me. I know my rights and I will report it.”

Staff we spoke with were able to explain how they would recognise signs of abuse; and report any concerns in line with the provider’s adult safeguarding procedure. They said they were confident that concerns would be investigated appropriately. Staff also knew how to ‘whistle-blow’ if necessary. A recent allegation of financial abuse had been investigated in line with the organisation’s procedure. The local safeguarding team were involved and the Care Quality Commission was notified. The finance handling procedure had been reviewed and we saw records of financial transactions which confirmed that staff followed the provider’s procedures to ensure people’s money were managed safely.

Care records showed that the service carried out risks assessments and management plans were put in place to reduce the risk of harm to people. Risk assessments covered various areas including medical conditions, mental health, and mobility, behaviour, going out and carrying out activities. A behaviour psychologist had been involved to devise a management plan for one person whose behaviour challenged staff and others. The plan included triggers and guidelines to diffuse the situation. Daily notes showed that staff had supported people in line with the agreed guidelines. This showed that staff had taken all necessary steps to reduce the risk of harm to the person and others in accordance with their risk management plan. Care records showed risks to people were reviewed regularly to ensure risk management plans remained relevant and effective.

People’s medicines were handled and managed safely. People knew their medicines and they told us they got the support they required to take their medicines. People were encouraged to self-administer their medicines after assessment had been carried out. We checked Medicines Administration Records (MAR) for five people for the three weeks prior to the inspection. We saw that they had been

fully completed. This meant that people had received their medicines as prescribed. People’s care records included information about each medicine people were taking and its possible side effects. Allergies were also noted on the MAR.

Record was maintained for medicines received and medicines returned. Medicine audit was completed daily to ensure all medicines were accounted for. We checked the record and it tallied with the stock available. We saw that people’s medicines were stored securely. The pharmacist carried out regular audits to ensure that medicines were handled safely.

Staff told us there were sufficient numbers on duty to safely support people. They told us that they were able to support people the way people wanted. One staff member said “I am able to do my job the way it should be done.” The provider has a ‘bank’ of experienced staff who were used to cover unplanned absence and they were able to work at short notice. The duty rota we checked corresponded with the staffing at the time of our inspection. The registered manager told us that they adjusted staffing levels based on the dependency of people or activities planned. For example, if people had appointments, the staffing level was adjusted to ensure this could take place. People told us there was always a member of staff around to help them.

Staff were trained to respond to emergency situations appropriately. Fire evacuation drills were conducted regularly to ensure people knew how to respond in the event of a fire.

Staff undertook daily checks of the premises and ensured that a safe environment was provided to people using the service. Fire systems and equipment were tested and serviced regularly to ensure they were functioning properly. There were risk assessments covering various areas including fire, gas, electrical safety and security and management plans were in place to ensure people were safe at the service.

The carpet, furniture and general decoration looked worn out and tired. There were a number of spills and stains on the walls and carpet, cracks in the walls, dirty sofas and damage to the banisters and cabinets. We discussed this with the registered manager and they provided us with a work plan to improve and redecorate the home.

Is the service effective?

Our findings

People told us they thought staff carried out their jobs well. A person said, “The staff are alright.” Another person said “[Staff] know how to look after me.”

Staff told us that they had completed an induction period when they first started work. They said this included reading through people’s care plans, policies and procedures and observing how experienced staff supported people. Staff had received relevant training on do the job effectively. Staff had refresher training to update their knowledge and skills to do their jobs effectively.

Staff received regular one to one supervision from their manager to discuss their work role. Notes of supervision meetings showed discussions about people using the service and team work. Training needs were also discussed at these meetings. Appraisals were also conducted annually where staff received feedback on their work performance which covered their achievements in relation to supporting people and developing the service.

People told us that they consented to their care and support before this was delivered. One person said “I decide what I want to do.” Another person said “I have a choice. No one can force me to do anything.” We observed that staff asked people about what support they wanted. These were signed to indicate their consent. Staff we spoke with knew it was important to get people’s consent before

undertaking any activity. They explained that if people lack mental capacity to make a particular decision they would involve relevant professional to carry out assessment. None of the people who used the service were subject to the Deprivation of Liberty Safeguards (DoLS). The registered manager showed they understood their responsibility in relation to this.

People told us they enjoyed the food provided at the service. A person said, “The food is nice.” Another person said “I have a choice of what to eat.” People’s care records showed their individual needs and preferences in relation to eating a healthy balanced diet. People were supported to prepare their cultural food as required. We saw that people had access to food and drink throughout the day and were able to help themselves whenever they wanted. People told us that they were involved in planning the menu but they were able to change their choice of meals.

People’s day to day health needs were met. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). Staff had ensured people attended meetings and health appointments with health professionals. People told us staff supported them to see their GP when they felt unwell. Records showed that staff monitored people’s health and well-being and took action when necessary to ensure people received appropriate healthcare. A health professional told us the service communicated well with the CMHT and followed up on actions agreed.

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, “The staff are gentle and nice.” Another person said “[Staff] are nice to me.” A health professional involved with a person at the service told us that the staff team knew people well and understood how to support them.

Staff interacted with people in a warm and friendly way. We saw that handover meetings were conducted in private to maintain confidentiality. Staff spoke appropriately about people’s needs and each person’s needs were discussed.

We observed staff knock on people’s doors before entering. People confirmed that the staff treated them respectfully and knocked before entering their room. Staff explained how they respected people’s privacy and dignity. For example, they told us they ensured people received their personal care in private and they addressed people the way they wanted to by using their preferred names.

Care records detailed people’s histories and background, individual preferences, likes and dislikes. Staff understood these and how it affected people’s choices and support. For example, a member of staff was able to explain how a

person liked to receive their support and how they worked with them to ensure they received assistance in the way they wished. People had a key member of staff who was responsible for ensuring their well-being and progress. Records of key worker meetings showed that people were asked about any concerns they had and plans on how to address them.

People were involved in developing their support plans. Care records demonstrated that people had been asked for their views on how they should be supported. Their views were recorded in pictorial format to make it easy for the person to understand. We saw that people’s views about their care and support were acted on. For example, people were supported by staff to undertake activities they enjoyed and to do the things they wanted. Records of review meetings and meetings with professionals demonstrated that people had been supported to express their views about how their health needs were met.

People told us they were able to keep in touch with people who were important to them and that staff supported them with this. People also told us that their friends and family could visit them at the service and they have private chats with them in their room if they wanted.

Is the service responsive?

Our findings

People told us that the service responded appropriately to their needs. A person told us, “If I have any problem they [the staff] sort it out immediately.” Another person said “They always get what I want done.” Assessment of needs was carried out before people came to live at the service. Care records showed that this assessment covered of the person’s physical and mental health needs, their background and social relationships, preferences of how they wanted to be supported and the goals they want achieved.

Each person had a support plan which set out the support they received. These covered how the person was supported to meet their identified needs such as maintaining their personal hygiene, physical and mental health and behaviour. For example, one person was supported to maintain their personal hygiene and appearance. How staff should support them with it was detailed in their support plan. Support plans were reviewed regularly with the person to ensure they reflected their current needs. For example, progress on a person’s goal to maintain contact with family was reviewed weekly and actions set to achieve it.

People were supported to do the things they enjoyed and to learn new skills. Care records demonstrated that one person went for swimming in accordance with their wishes. Another person had gone horse riding and a third person was supported to learn how to cook. Their support plan detailed the support they required to achieve this. Daily notes confirmed that people had received their support as planned. For example, this person had been supported to cook their cultural food when they wanted.

People were encouraged to be as independent as possible. The service had adapted the environment and provided

appropriate equipment to enable people to do as much as possible for themselves. For example, people had access to adapted cutlery; the kitchen worktop was lowered so it was accessible for wheelchair users. There was a talking microwave available so people who had visual impairment or difficulty reading can use to heat up their food independently. There were also various assistive technological systems in place. For example, one person had a talking glucose monitoring device so they could independently check their sugar levels. The person told us they had been trained to do it, which means they could check anytime they felt the need to.

People were supported to enjoy leisure activities and access community facilities. People talked about various trips they had enjoyed such as visits to seaside, parks and cinemas. Each person had an individualised activity plan in a pictorial format. People attended local colleges, day centres and lunch clubs. We saw people went out shopping. On the afternoon of our inspection there was a classical music event. People told us they enjoyed these activities. People were supported to practice their religious beliefs. Two people attended church regularly.

People’s views were obtained and acted upon on how their service should be provided. The registered manager held meetings with people monthly to consult and gather feedback about the service. We reviewed minutes of the last three meetings and showed people were consulted about the food, activities and house rules. For example, the menu had been amended to include more cultural food as requested. People told us they knew how to make a complaint. There was a complaints procedure in place and was also available in picture format to make it easy for people to follow. We saw evidence that the provider took people’s concerns seriously and responded to complaints in line with their procedure.

Is the service well-led?

Our findings

People told us that the registered manager listened to them and acted on their suggestions and concerns. A person told us, “The home was well-managed.” Staff told us that the registered manager was open, approachable and provided them with support. We saw that the management team also provided direct support to people when on duty. Staff we spoke with felt this was a good example for the team to follow.

The registered manager held regular team meeting with staff and minutes of these meetings showed there were discussions on how to improve the service, support provided to people and was also used as training sessions on specialist areas. For example, a diabetic nurse had attended to train people on diabetes awareness. We also saw that concerns about people’s care and support were discussed and actions agreed. For example, a behaviour chart had been introduced for one person to help understand their behaviour. Staff told us they understood their roles and responsibilities.

The registered manager reviewed accidents and incidents and ensured actions were put in place to ensure risks were appropriately managed. For example, the local pharmacist involved in the home had attended team meetings and provided guidelines following issues with the management of medicines.

The service had links and worked closely with other services. People had joint activities with people from other services and were able to spend their free time with their friends. This enabled people to be part of a bigger community and develop relationships outside where they lived. People talked about their friends outside the home and the activities they have enjoyed together.

The provider shared learning and best practice examples from various services through meetings, quality reviews and appraisal so such good practices can be emulated can be implemented in each service. The registered manager told us that they had the support from the provider to their job effectively.

The provider and manager carried out regular audits of the quality of care provided by the service. These included audits of person centre plans for people, financial, medication, complaints, training for staff and health and safety. We saw that the finance policy had been revised following an incident and a daily money check had been put in place to ensure people’s money were safe

The registered manager complied with their statutory requirements to notify CQC of incidents as required.