

Access for Living

Access for Living

Inspection report

Unit 9 Southbrook Mews
Southbrook Road, Lee
London
SE12 8LG

Tel: 02082976659

Date of inspection visit:
23 April 2019
24 April 2019

Date of publication:
07 June 2019

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 ●

Summary of findings

Overall summary

About the service: Access for living provides care and support to people with learning disabilities, autistic spectrum disorder, mental health and physical and sensory impairments in supported living settings and their own homes. At the time of our visit there were 67 people using the service.

People's experience of using this service:

People told us they felt safe using the service.

The provider had appropriate risk assessments in place with guidance for staff about how to mitigate risks.

The provider supported people to take their medicines safely.

The provider supported people to maintain a clean and tidy home.

The provider met people's nutritional needs and supported people to make healthy food choices.

People were supported with their physical and mental health needs and care records contained information on these.

People gave positive feedback about their support workers and told us they were kind and caring.

People's choices were respected in relation to their care and support and staff supported people to be as independent as they wanted.

There was not always clear evidence of capacity assessments being carried out where applications had been made to deprive people of their liberty. We have asked the service to make improvements in this area.

People's privacy and dignity was maintained.

People's complex care needs were appropriately met.

People and their family members told us they were involved in the formulation and review of their support plans.

The provider had an appropriate complaints procedure and people told us they would feel comfortable raising a complaint if needed.

The service worked in partnership with other professionals and advocacy groups to achieve good outcomes for people.

Rating at last inspection: At the last comprehensive inspection in October 2016 the service was rated as Good. (Report published 7 November 2016).

Why we inspected: This was a planned comprehensive inspection based on the previous comprehensive inspection rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Good ●

Access for Living

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Access for living provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is also a domiciliary care agency. It provides personal care to people living in their own homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice as we needed to be sure that the registered manager would be in.

What we did before the inspection: We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

We spoke with five people who use the service and five family members who spoke on behalf of a relative. We spoke with the registered manager, the chief executive, three service development managers, a deputy manager and three support workers.

We reviewed five people's care records and the recruitment and training records of six support workers. We also looked at quality assurance records related to all aspects of the management of the service.

After the inspection: We received feedback from five health and social care professionals who worked in partnership with the service to plan, arrange and commission care for people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with said they were confident that the service was keeping their family member safe from harm. One family member said, "I know they have [his/her] safety at heart." Another family member said, "Oh yes they are well looked-after, and they check everything to make sure it's safe."
- Policies in relation to safeguarding and whistleblowing were in place and staff received training in this area.
- Staff showed a good understanding of safeguarding procedures when we spoke with them, they knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- People were protected from financial abuse and there were systems in place to check people's money during shift handovers and routine audits.
- The service had regular health and safety meetings for people using services and staff. Agenda items included; personal safety at home and in the community, stranger danger, and keeping personal money safe. These meetings encouraged people to understand their own safety better and build skills, knowledge and independence.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. We saw evidence of how the service managed safeguarding alerts, including liaising with the local authority and carrying out investigations.

Assessing risk, safety monitoring and management

- The service worked in partnership with other health and social care professionals to reduce risks to people who used the service. One professional told us, "Risks to service users and others are very well managed by this service with good collaboration with the mental health learning disability team and the wider multi-disciplinary team."
- The service identified, assessed, and regularly reviewed risks to people and had developed strategies to mitigate these. These included risks from behaviours that challenge and working in partnership with professionals such as psychologists to mitigate these. Staff we spoke with could demonstrate a good understanding of people's behaviours, possible triggers that might upset them and what to do to help de-escalate situations if they occurred.
- Personal evacuation plans were in place in easy read formats which described what support people needed to evacuate safely if there was a fire in their home.
- Managers completed health and safety checks of the service and developed an action plan to ensure issues were rectified in good time.

Staffing and recruitment

- Recruitment practices continued to be of good quality. Staff were employed based on previous skills, experience and personal values to ensure that they were suitable to work with people at the service.
- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- We reviewed six staff recruitment records to check and found that safe recruitment systems were being followed.

Using medicines safely

- People were supported to manage their medicines safely and to build independence in this area wherever possible. One family member told us, "When [he/she] comes to me the medication is labelled in appropriate containers and the staff always remind me to give whatever is needed, nothing is taken for granted."
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area. Staff we spoke with demonstrated a good understanding of safe medicines administration and knew what to do if there were any errors or concerns with people's medicines.
- People's medicines were checked weekly by the deputy manager or another senior member of staff and any errors identified were investigated.
- We checked the medicines records in one supported living service and found the records were accurate and matched the stock check and audit record.

Preventing and controlling infection

- Family members told us that people were supported to keep their homes clean and hygienic. One family member said, "The home is always clean and [my relative] is encouraged to do as much as they can themselves to keep it clean and tidy."
- The service had an infection control policy and staff we spoke with understood how to put this into practice, including how to deal with hazardous substances or clinical waste.
- Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons.

Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents.
- The service analysed all accidents and incidents on a quarterly basis as part of their contractual obligations with the local authority. This overview ensured that all necessary steps had been taken after each incident and any trends or patterns were identified. We saw evidence that the service responded to each incident and put in a range of measures after they had occurred. These included referrals to other agencies, closer monitoring systems or adapting care and support plans to meet any identified changing needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were carried out by an experienced senior manager and clear outcomes were identified for each person. Care and support plans were reviewed regularly in consultation with people and their relatives.
- The service had developed a range of ways of documenting people's needs and choices, including personal profiles, support plans and person-centred planning meetings which met best practice guidance.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively.
- New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with learning disabilities. The induction included training delivered by people who use services and their family members to ensure new staff understood what it was like to receive care and support.
- The service offered a range of ongoing training including NVQ3 in health and social care to ensure staff continued to develop skills and knowledge and meet the needs of people using the service. Staff told us they received specific training around the needs of the people they supported. These included, dementia, cerebral palsy, diabetes and sign communication.
- Staff we spoke with said they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this. One staff member told us, "I talk about any issues I have in supervision, but we also have group discussions with the team so we all know what's happening".

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to prepare and cook food they liked and maintain a balanced diet.
- Family members also told us that the service was proactive in educating people around healthy eating choices. One family member told us "The food is freshly prepared" and people are "encouraged to eat as healthy as possible." Another person said, "[The service] are very good at guiding [my relative] and suggesting healthy options."
- Staff received training on basic food hygiene, nutrition and health and healthy eating so they would be competent to support people to eat a healthy well-balanced diet.
- The service had set up a healthy eating group to help people understand healthy eating better and support each other to make lifestyle changes.
- There were guidelines in place for staff when people required specialist support with eating and drinking or when there were specific risks. This included special diets for people with swallowing difficulties or when people were fed through a percutaneous endoscopic gastronomy (PEG) tube.

Adapting service, design, decoration to meet people's needs

- The service worked in partnership with occupational therapists, physiotherapists and the housing providers of the homes to ensure they were adapted to meet people's needs. This included the installation of hoists, hand rails and other moving and handling equipment when people needed support with this.
- People told us they had been supported to make their home personalised and could choose the decoration and furniture they wanted. One family member told us that their relative had been supported to install a summer house in the garden so that [he/she] could have more personal space when they needed to.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had been supported to access appropriate healthcare services when needed and have a regular annual health check. One family member told us, "They are proactive in making sure health problems are looked into. They don't just wait for things to happen."
- Hospital passports had been developed for everyone using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.
- We saw evidence that staff had contacted a range of health care professionals where there were concerns about people's health and ensured that information was shared between professionals. For example, one family member told us that the service had ensured a GP was present at a meeting to discuss planned dental work so that other examinations and procedures could be carried out at the same time. This ensured that important procedures could be done whilst minimising anxiety or distress to the person.
- Support plans and risk assessments had information about people's mental health including guidelines for supporting people and who to contact if there were concerns about someone's mental health.
- We received positive feedback from healthcare professionals about how the service supported people to access healthcare services. One healthcare professional told us, "All staff members know the essential information about the patient which indicates to me that they know them and their needs extremely well. Another healthcare professional who had worked with the service to support a best interests process around a complex healthcare decision told us, "The service have been trying to champion a best interests process for some time and there is an abundance of evidence that the manager and the team have done everything to enhance [the person's] access to treatment."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had made all the necessary applications to the local authority to assess people's capacity to consent to care and support and make the necessary applications to the court of protection. At the time of inspection not all applications had been agreed by the court and the service did not have a clear process for documenting the capacity assessments and best interests meetings that had been done for these applications. We recommend the provider reviews their processes to ensure they are able to demonstrate

they are meeting the requirements of the MCA and protecting people's rights.

- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff we spoke with could demonstrate examples of how they offered choices around every day care needs and what they would do when people were unable to make decisions for themselves. This included having best interests meetings and consulting relevant people such as family members and other professionals. We saw examples of best interests' meetings that had been convened for people who were unable to make important decisions around healthcare treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they experienced a kind and caring service. Family members spoke highly of the caring approach the staff took with their loved one. Family members told us that their relative had a "really good relationship with the staff" and "The staff are warm and friendly."
- Staff we spoke with were positive about their experiences of providing support. One staff member told us, "I enjoy what I do even though I'm not paid millions. I'm helping others to enrich their lives and give them experiences."
- People were supported to maintain relationships with family members and see them when they wanted. One family member told us, "I turn up uninvited with no problems and I am always made to feel welcome." We saw evidence that people were supported to explore relationships with long term partners, including ongoing support and education to a young couple who were planning on getting married.
- We also saw evidence of people being supported to get in touch with family members they had not seen for a long time and re-develop relationships.
- Support plans contained information about people's religious, spiritual and cultural needs and people were supported to attend social events and cultural groups that were important to them.
- One professional told us, "I have been very impressed over a number of years with the genuine care, kindness, compassion and interest in the quality of the lives with people with learning disabilities and their desire to support people to fulfil their potential as members of society."

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly involved in the planning and reviewing of their care and support plans. Staff told us how they regularly consulted people and their family members on day-to-day aspects of their care where necessary. One family member said, "They always consult me when they need to, but I know they consult [my relative] which is the main thing."
- Staff told us how they supported people to make every day decisions about their care and support. When people had communication difficulties there were systems in place to aid communication so that people could express themselves and make their choices understood by others. One family member informed us that the service had organised training with psychologists and speech and language therapists, so staff would be able to understand their relative's communication methods better.
- Every person was supported to review their care and support at a person-centred planning meeting which was attended by relevant family members and other health and social care professionals. One family member told us, "I am always invited to the yearly review where everything about [my relative] is discussed. We go over what has gone on in the last year and make plans for the next year." Another family member told us, "Reviews are carried out properly and things that are set are achieved."

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and with dignity and respect.
- Staff we spoke with explained how they promoted people's privacy when carrying out personal care tasks. Support plans also explained when some personal topics might need to be discussed sensitively and in private to uphold people's dignity.
- The service focused on supporting people to become as independent as they could. We saw evidence of skills teaching plans that had been devised so that people could acquire skills in different aspects of their daily living. These included, taking their medicines, preparing food and drinks and learning to travel independently. One person told us, "I am very independent, and I go out where I want. Sometimes I might need help finding somewhere I don't know well but mostly I am independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were happy that the care delivered was personalised and met their needs. One person told us, "They are very good, they're there if you need them. They help you find out what's going on." Family members told us that the service listened to people and adapted care and support as things changed. One family member said, "They understand [my relative] very well and pick up on when [he/she] might be feeling down or experiencing problems."
- Support plans contained detailed information about people's history, likes and dislikes and needs around all aspects of their care and support.
- People took part in a range of activities such as employment, adult education and social activities that reflected their personal preferences. One family member said, "Even though [my relative] does not communicate verbally they know the sort of things [he/she] enjoys doing and they make sure they have something on every day."
- People using the service sometimes had behaviours that could challenge and there were plans in place to help reduce these which were devised in partnership with psychologists and behaviour support practitioners. One professional told us that the service devised "person centred care plans and positive behavioural support plans which frequently include tailor made individual social stories."
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records including support plans, feedback questionnaires, review meetings, health action plans and hospital passports were in easy read and pictorial formats.
- People's communication needs were detailed in their support plan and the service had worked with speech and language therapists to develop communication passports for people who needed them.

Improving care quality in response to complaints or concerns

- There was an effective system in place to respond to complaints from people who use the service.
- The service had a complaints procedure in an easy read format which was made available to everyone.
- The registered manager showed us records of recent complaints, including details of the investigations and outcome letters sent to the people who had complained. These had been managed appropriately and responded to appropriately.

End of life care and support

- The service worked in partnership with relevant healthcare professionals and family members to help people plan for end of life care. At the time of our inspection nobody was receiving end of life care.
- The service had an end of life policy which stated that individual needs and wishes related to people's end

of life should be fully documented.

- The service had supported many people to make future plans for their funeral.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives and professionals, we spoke with were confident in the planning, management and delivery of care and support.
- The service communicated well with people and their relatives. One family member said, "In my experience they include the family in decisions when needed so I always feel like I am being kept up to date."
- The service was meeting their responsibility to display the ratings of the previous inspection and they notified the Care Quality Commission about important events or serious incidents that occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their role and were clear about when they would need to seek guidance and support from their manager. There were systems in place to identify and address issues or areas of concern.
- Staff were fully supported to carry out their role and had regular supervision and training. Staff told us that the management team were accessible and supportive. Staff said, "All the managers are very supportive" and "They are like a family here."
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.
- People were allocated keyworkers who took more responsibility in keeping up to date with key areas of people's care and support needs and communicating these to their colleagues and other professionals and family members.
- Senior managers within the service took the lead on different areas such as health and safety, recruitment and staff training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives of people using the service were positive about how well the service consulted with them. One person said, "Yes they are very receptive to any suggestions" and "They make an effort to engage everyone in things that are going on."
- The service regularly requested feedback from people using the service and their close relatives. Feedback about the service was mainly positive, however the service identified areas of improvement and took steps to make changes based on comments from respondents. For example, some people said they were not aware of how to make a complaint, so the service distributed a simplified version of the complaints policy,

so everyone would know how to make a complaint.

- There were regular opportunities for stakeholders to get together and communicate and the service organised a regular event at the office where service users, family members, staff and other professionals could meet and communicate in an informal setting to share news and organisational updates. Family members we spoke with were grateful for this opportunity to contribute to the wider organisation.
- People using the service were involved in the recruitment of new staff, including asking candidates questions and giving their opinion on whether they were suitable for the role of support worker.
- The service had worked in partnership with a local self-advocacy group to deliver training on 'mate crime'. This raised people's awareness of how vulnerable people are targeted and exploited by people posing as their friends and explained how to report it if it happened to them.

Continuous learning and improving care

- We found evidence of regular quality audits of the supported living schemes within the service. Each audit was carried out by two senior managers who visited the service and gathered relevant information about the quality of the service provision. The audit also included gathering feedback from people who received support, relevant family members and staff. The audit was shared with the relevant manager who devised an action plan to address any issues that had been identified.

Working in partnership with others

- Referrals were made to other professionals such as physiotherapists, nurses, speech and language therapists, and occupational therapists when people needed additional support.
- The service had also recently started working with a local care network to deliver training to GPs on best practice when working with people with learning disabilities, so they could get the best outcomes when attending health appointments.
- We received positive feedback from multi-disciplinary professionals and social care professionals about how the service worked in partnership with them to achieve good outcomes for people. One professional told us, "I work closely with every manager in this scheme and in every single case the manager has exceed expectations."