

# Review of compliance

<p>Approach Lodge Limited Approach Lodge Limited - 2 Approach Road</p>	
<b>Region:</b>	London
<b>Location address:</b>	2 Approach Road London E2 9LY
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	<p>The home specifically caters for the needs of people with a mental health difficulty who are working towards living independently. The premises is located in a refurbished Victorian house at the convergence of two roads in Bethnal Green. It is laid out over four floors, with a small paved area at the front and yard with a smoking gazebo at the back. CCTV cameras protect the premises. It has seven bedrooms, lounge, kitchen, laundry, visitors room, office and one</p>

	small room for staff to use.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Approach Lodge Limited - 2 Approach Road was meeting all the essential standards of quality and safety.**

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

### Why we carried out this review

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

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

One person spoke with us and made passing comments, all of a complimentary nature about their home and the staff who work with them. We asked people at each visit if they would like to speak with us in private, no one wished to. We did, however, let people know that they are welcome to contact us at any time if they have comments to make or have any concerns.

### What we found about the standards we reviewed and how well Approach Lodge Limited - 2 Approach Road was meeting them

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

The people who use this service can feel confident that the service seeks to ensure that their human rights are protected and that their views are sought and are acted upon.

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

The people who use this service can feel confident that the home ensures that their individual needs are known about and are responded to appropriately.

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

The provider has the necessary systems in place to protect people from abuse and is aware of how to respond to any concerns if these arise.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The people who use this service can feel confident that there are effective and safe procedures to ensure that they can receive medication in order to manage their mental health difficulty and to remain well.

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

Staff at this home are provided with an appropriate ongoing training programme and are supported through supervision in the work that they do.

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

The provider has suitable and wide ranging systems in place to monitor the quality of the service that is provided.

**Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

#### What people who use the service experienced and told us

Although no one wanted to speak with us specifically or privately during this inspection we did observe how service users and staff members interact. From this it was evident that no one appeared at all hesitant in approaching staff to ask questions or to engage in passing conversation.

#### Other evidence

The home continues to have very good information for the people who live here, including a good website ([www.approachlodge.co.uk](http://www.approachlodge.co.uk)), brochure, Service User Guide and Statement of Purpose. The Statement of Purpose (and the Equal Opportunities Policy) have been updated since the previous inspection and reflect current equality legislation.

Each weekday morning there is a short house meeting at 10am, lasting for approximately half an hour. The aim of the meeting is to check with everyone how they are feeling and what their plans are for the day. This helps to make sure that people can be reminded of any events or appointments and to plan for how staff will provide support.

The service continues to have a demonstrable commitment to proactive and supportive

rehabilitation for people experiencing mental illness, providing good information on the service and being open in the way in which communication with service users is achieved. Two of the people who live here do not have English as a first language and we saw that for important meetings about their mental health and wellbeing that interpreters are provided to ensure clear communication.

**Our judgement**

The people who use this service can feel confident that the service seeks to ensure that their human rights are protected and that their views are sought and are acted upon.



## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

As referred to under outcome 1, no one wanted to speak with us specifically on this occasion. However, one person showed us around their home and made comments about the level of support and assistance that they need each day. This person said that they are very independent but they feel perfectly ok with requesting support from staff if they wish to.

##### Other evidence

We looked at the care planning records for three of the six people who currently live at Approach Lodge. Each person has a care plan that clearly states what each person's individual care and support needs are. These person centred plans support the home's rehabilitative ethos by identifying needs and goals and outlining how these could be met. The plans that we viewed were clear and specific. The home provides practical support to help people to develop their living skills to move on from long or acute periods of hospitalisation towards independent community living. Staff have receive training in writing person centred care plans. The care plans follow a principle called "My Life" which focuses on putting the person, rather than merely the care and support need at the heart of the rehabilitation programme.

Each person's care plan is reviewed in an Individual Progress Review each Month, although this can happen more frequently if required. Care plans, including those written by community mental health services under the "Care Programme Approach" are reviewed and the outcome of the reviews and any subsequent changes to the plan are well written and clear. The home operates a key worker

System.

There is a risk assessment policy and procedure, which covers both environmental and individual risks. The home writes each risk assessment around individual needs.

We observed a good procedure for handover between staff shifts and good documentation (a well maintained handover diary) to support this. This meant that the daily progress, activities and needs of each service user are conveyed effectively across the staff team.

**Our judgement**

The people who use this service can feel confident that the home ensures that their individual needs are known about and are responded to appropriately.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

We asked the person who showed us around their home if they felt safe and protected by staff. We were told by this person that they always do.

##### Other evidence

At the time of this inspection we looked at information that the Commission holds and information at the home to see if any safeguarding concerns had arisen. We saw that none have been raised for a considerable period of time.

The staff we spoke with said that they have training about protecting vulnerable adults from abuse. This training tells staff about different types of abuse and what they must do if they think that anyone may have been abused. The home has an organisational policy and procedure for protection from abuse as well as the local geographical authority procedures for reporting any concerns.

As the home provides support to people who are suffering from mental health difficulties we looked at how well the organisation and its staff understood Deprivation of Liberty and Mental Capacity Act safeguards. We saw that there is a good understanding of each of these and an organisational awareness of what is required.

##### Our judgement

The provider has the necessary systems in place to protect people from abuse and is aware of how to respond to any concerns if these arise.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We did not receive any specific comments from people who use this service about their medication. However, we did observe staff and service users interacting when medication was being taken and saw that this was handled properly.

##### Other evidence

The home has a clear medication policy and procedure and staff have been trained in this area. Boots Chemist provides a full medication service to the home and medication is delivered in blister packs. We checked the medication stock and Medication Administration Record with the Manager. At the time of the inspection, medication was held for all six people who currently live at the home. The medication was appropriately stored and the medication administration records were properly kept.

At the previous inspection it was recommended that any allergies be included on the medication charts, and we saw at this visit that this is now being done.

Two of the people who live here require "Depot Medication". This is a slow release injection that is given periodically to each person to ensure that they have consistent levels of particular types of medicine in their blood stream. One person receives this by attending a local clinic. The other person will only accept this medicine if administered by the manager at the home, who is a qualified Registered Mental Nurse. The changes to legislation that came into force on 1st October 2010 mean that providing this injection

now falls under a specific activity registration category, this being "Treatment of Disease, Disorder or Injury". After this inspection visit took place we verified the registration position and clarified that this category needs to be applied to the home. The registered provider gave a written undertaking to address this urgently and the application is in the process of being made. As this is the case we have decided not to implement an improvement or compliance action as a result. We are of the view that it was not intentional on the part of the home to avoid registration and was instead a matter of clarification that resulted from the new legislation.

**Our judgement**

The people who use this service can feel confident that there are effective and safe procedures to ensure that they can receive medication in order to manage their mental health difficulty and to remain well.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People who use this service would not be aware of the arrangements for staff support or training. However, from the things that one person told us, conversations with staff and observations it is evident that staff are supported and trained in their work.

##### Other evidence

The home continues to have an ongoing programme of mandatory training and other training relevant to the needs of the people who use the service. We viewed copies of individual staff training records which show when staff had specific training and when the core training needs to be updated again. We saw from this that there are good systems in place for monitoring the need to undertake and refresh core training as well as a requirement to undergo training due to changes in legislation and professional practice. Almost all staff are qualified to NVQ level 2 or higher.

We were informed that the supervision of care staff is expected to occur monthly and that this usually occurs and is regularly monitored through management information that the manager is expected to provide to the provider. Annual appraisals also take place and we saw evidence of these on the sample of staff personnel records that we viewed.

##### Our judgement

Staff at this home are provided with an appropriate ongoing training programme and are supported through supervision in the work that they do.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

No specific comments were made to us by people who use the service about how well they think the service quality is monitored. However, when the provider visited the service it was clear that people know this person and those who spoke with him were not at all hesitant to do so or to speak freely.

##### Other evidence

We did see examples of the quarterly performance reports that the agency is required to produce and supply to the London Borough of Tower Hamlets who commission the service. These are detailed and include a wide range of information about the operation of the service. Aside from this there is a detailed quality assurance process that requires regular reporting both internally and to the provider. Monthly visits occur, undertaken by either the registered person or their representative as well as satisfaction audits that are requested from stake holders and directly from service users.

##### Our judgement

The provider has suitable and wide ranging systems in place to monitor the quality of the service that is provided.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

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

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

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

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

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

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

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



## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA