

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Approach Lodge Limited - 2 Approach Road

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Tel: 02089812210

Date of Inspection: 14 May 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Approach Lodge Limited
Registered Manager	Mr Jimmy Batilo Songa
Overview of the service	The home provides medium term rehabilitation support for people with mental health difficulties.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our inspection we were able to speak with four staff and four people who used the service. We gathered evidence to help us answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led.

We found the service was caring. People we spoke with about the care provided told us they felt the care at this home was good. We read three care plans and saw the provider ensured risks were assessed and that associated health and social care professional were referred to appropriately.

We saw the service was able to respond to changes of circumstance with procedures. We found the provider was able to respond appropriately and moderate its service accordingly.

The service was effective. We saw in people's records how staff interacted well with people and assisted them to reach their individual goals.

We found the service was safe. People we spoke with told us they felt safe. Safeguarding procedures were robust and staff understood their role in safeguarding the people they supported.

The service was well led. The management team worked well with staff and people who used the service. People told us that they felt their rights and dignity were respected. The provider had systems in place that ensured the service was always being reviewed with the aim of continued improvement.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's privacy, dignity and independence were respected. We looked at how people who used the service were supported, this included how people were respected and involved in making decisions about their care. We spoke with the manager who was able to explain the provider's principle programme used to assist people to gain independence with the goal of returning to the community.

The provider operated a programme named 'Learning Independence Forever' [LIFE]. The principles of the programme involved promoting independence, dignity and trust. We spoke with three people who used the service and all were enthusiastic about the programme. One person told us "the programme has helped me re-gain my confidence."

People began each day with a meeting attended by people and staff. Issues discussed were holistic in nature covering areas such as confidence, activities, support and meals. During our visit we were able to sit in on one of the meetings. We were also able to read minutes of other recent meetings. We saw staff treated people with respect and dignity. They allowed and encouraged group members to express their views and feelings. Staff acted in a professional manner and both staff and people were clearly enthusiastic with the 'LIFE' approach.

We spoke with staff about the training and support provided in relation to dignity and respect. The manager told us there were regular service user meetings to discuss any changes or ideas within the home.

During the inspection we observed staff interact with people who used the service. From our observations staff were attentive to people's needs and offered choice where possible. For example we saw staff encouraged people to take part in activities that happened on the day of inspection. Staff did this in a respectful and professional manner. We heard how staff spoke with residents when discussing family visits and arranging a trip to the cinema.

We observed how staff had built up a rapport with people and understood their likes and dislikes. For example we saw one person who used the service liked to visit the local shopping area and noticed people had been able to choose the colour their room was painted. People were also involved in choosing meals and activities. We saw in the minutes of people's meetings that efforts had been made to involve people and their representatives in decision making. We saw records which showed us how the provider had arranged to take people to see their families to visit and to engage the families in the lives of people who used the service.

We spoke with care staff and they gave us examples of the resident's needs and commented on the efforts that had been made to always improve people's awareness in relation to treating people with dignity and respect.

We spoke with people who used the service during the inspection. The people we spoke with were happy with the home and one person said, "staff are really good and respectful." Also, "staff are always looking to help us." This helped ensure people were able to approach staff and have open discussions about their care and support.

We noted staff members reflected the people who used the service in cultural background. The manager was able to explain the area was multi-cultural as was the staff. This meant people's need in areas such as food and communication were more easily met.

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

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.

Reasons for our judgement

There were arrangements in place to deal with foreseeable emergencies. People we spoke with were all very happy with the service they had received. We saw that people moved freely around the home and that staff knew people by their names. We also saw that each person had a fire safety personal evacuation plan. Copies of these plans were also held in the manager's office. We were able to read records of monthly evacuations of the building and weekly checks on all safety equipment such as fire doors and extinguishers.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care plans and saw that they were person centred and individualised and provided staff with clear information on how people needed to be supported. For example, a person who was prone to periods of frustration and anger had a clear risk assessment in their file which told staff how to avoid stressful situations and triggers. The action plan also explained how the person should be calmed. Care plans also advised staff on how to ensure that the person remained well and/or of signs of the person being unwell. We saw that all people were regularly weighed and the results were recorded. We noted people were supported to access medical advice and treatment in a timely manner.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw care plans were written using information provided by a multi-disciplinary team that included mental health professionals such as nurses and consultants. We noted family and the person were also involved with creating care plans.

The provider had a system to assess new referrals which was clearly written in a procedural document. People who had been accepted to the service and who had decided they wished to move to the home were taken through a period of transition which records told us was individualised. We spoke with one person who had been at the home for one year and they explained how the provider had made the transition period "easy and enjoyable."

Appropriate risk assessments had been undertaken and were reviewed regularly. We saw that when required, mental capacity assessments had been undertaken by the home and we were able to see that relatives and medical professionals, where necessary, were involved in the assessments. Although, the manager had not submitted any applications to the local authority for the Deprivation of Liberty Safeguards (DOLs), we saw that the home had a process in place should the need arise.

We saw the risk assessments and care plans were reviewed monthly within the service and every six months in a multi-disciplinary meeting which included the person and where possible with family members.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People who use 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. We reviewed the policy and procedure for the safeguarding of vulnerable adults. We found that the provider had appropriate arrangements in place to ensure people were protected from the risk of abuse. Staff had received safeguarding training and were aware of the safeguarding procedure and how to report any concerns.

The manager told us there had not been any safeguarding referrals in the past year. We checked records and spoke with staff which confirmed this.

Three staff we spoke with specifically about safeguarding were clear in their knowledge about the forms of adult abuse that might occur in a setting such as the home. Staff were also clear in identifying abuse and how they might manage any safeguarding alert. Staff we spoke with were all familiar with the provider's safeguarding policy. We noted in minutes of staff meetings that safeguarding was discussed as a mandatory item.

Risks were appropriately documented in people's care plans. Care plans also contained information about the capacity of people who used the service. Staff were informed in the area of capacity and had received recent training in the Mental Capacity Act 2005. Staff and people we spoke with were able to tell us of the provider's confidential disclosure policy and procedure. The telephone number was clearly displayed in several areas around the home.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. Each member of staff had a recruitment file which held details their recruitment progress. We saw that the home had undertaken checks with the Criminal Records Bureau (CRB). Each file held an application form, interview notes, two written references and a photographic identification. Where staff were from a non-European Union background the provider had checked the person was entitled to work in the United Kingdom.

Staff we spoke with all stated that they had attended an interview and once advised that their application was successful they had attended an induction period of three months. After the induction period staff undertook a six month probationary period. Staff undertook experiential training which was complimented by attendance of courses in areas such as health and safety; care planning; food hygiene and data protection. The courses attended were supplemented by on-line training.

People we spoke with told us they were confident that staff had the skills and experience to care for them appropriately. One person told us "staff were all very professional and easy to speak with".

This meant that the provider had a robust recruitment process in place to ensure that staff were properly recruited and that they were suitable for their roles.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. We saw minutes of recent meetings for people using the service. Minutes demonstrated that people's requests regarding activity choices and key worker options were acted on. The provider regularly asked people's representatives and health and social care professionals to complete an annual quality assurance survey. We saw that some surveys had been returned and the registered manager told us that they were discussed in management meetings. We saw that the provider was responding appropriately to people's views.

During our visit we were able to meet with a consultant who was employed by the provider to complete audits. He showed how the provider ensured its policies and procedures and its operational activities were constantly being reviewed. The consultant was able to explain how he kept up-to-date with recent legislation and best practice. He then completed audits in relevant areas. For example the service had recently completed audits on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The provider had also recently audited its care plan documentation. We were able to see the last two audit reports and saw how information gathered had been used to modify training goals. The consultant and home manager also showed us how the process had changed the way the service provided supervision and how care planning had been revised. This meant that the provider was continually reviewing and improving the service.

The provider had a complaints and an accident and injury policy. This described how complaints and incidents were processed and what a person could expect after making a complaint or reporting an incident. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented, with any follow up actions confirmed. Incidents and accidents were recorded in detail and included action to be taken to minimise the risk of recurrence.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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