

*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

2 Approach Road, London, E2 9LY

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	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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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2012, 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.

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### What people told us and what we found

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We spoke with one person and saw how service users and staff members interacted. From this it was evident that people felt able to approach staff to ask questions or to engage in other conversations.

The person who spoke with us told us they had settled into the home well since they arrived a few months ago. This person said that they knew their keyworker and felt comfortable about talking with any member of the staff team. They said they believed that their support needs were being met.

We found that the home helped people in a positive way to maintain their mental health and wellbeing. Staff were aware of the needs of people who suffer from a mental health difficulties and worked in a way that promoted mental health and independence.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Although only one person wished to speak with us during this inspection we were able to see how service users and staff members interacted. From this it was evident that people felt able to approach staff to ask questions or to engage in other conversations.

The home provided written information for the people who use the service, including a website, brochure, service user guide and statement of purpose. The statement of purpose and the equal opportunities policy reflected current equality legislation. This information was written in a clear way and staff said they would always respond to any questions that people had if anything was unclear.

Each weekday morning there was a house meeting. The staff and people using the service discussed how people were feeling, people's plans and ideas for the day and to remind people about any important events during the day. People living at the home could also spend time individually with staff.

Two of the people who were living at the home did not speak English as a first language. For meetings where information needed to be exchanged about their mental health and wellbeing interpreters were provided. We saw evidence of this on each person's care plan records. Day to day needs can be discussed and we saw this happening between staff and one of these people.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The one person who spoke with us told us how well they had settled into the home since they arrived a few months ago. This person said that they knew their keyworker and "feel ok" about talking with any member of the staff team. We asked if this person believed that their needs were being met and they replied "I do."

We looked at the care planning records for three of the six people who were living at Approach Lodge. Each person had a care plan that stated what their individual care and support needs were. The plans that we viewed were specific to the aims of the service. The home provided practical support to help people to develop their living skills to move towards independent community living. Staff had received training in writing person centred care plans. The care plans followed a principle called "My Life", focusing on putting the person at the heart of the rehabilitation programme. We saw that people were at different stages of the programme but all had a specific aim of becoming as independent as possible. Options were available, such as whether a person would move on to living on their own or in another longer term supported housing placement in the community. We saw information about these discussions taking place regularly and each person's option's being explored with them.

Each person's care plan was reviewed monthly or more frequently if required. Care plans, including those written by community mental health services under the "Care Programme Approach", were reviewed by the staff and any subsequent changes to people's needs and care requirements at the home were documented.

There was a risk assessment policy and procedure, which covered both environmental and individual risks. We saw that people's individual risk assessments were developed around their specific needs and circumstances. The home updated these at regular intervals.

We observed the handover between staff who had been on duty in the morning and those who were working the afternoon and evening. The service used a handover diary to record the activities and needs of each person during each shift. We saw that the daily progress, activities and needs of each service user were shared effectively across the staff team.

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

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**Our judgement**

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The provider was meeting this standard.

People who 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.

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**Reasons for our judgement**

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The person who spoke with us said they felt safe and protected by staff.

There had been a recent safeguarding incident at the home. The manager of the home had promptly alerted the local authority safeguarding team about this concern. The concern was investigated and the provider took the necessary steps to address the issues that had arisen.

The staff we spoke with said they received training about protecting vulnerable adults from abuse, and we saw from training records that this had been happening. This training tells staff about different types of abuse and what they must do if they think that anyone may have been abused. We saw the home's organisational policy and procedure for protection from abuse. This included reference to the local authority procedures for reporting any concerns.

We looked at how well staff understood Deprivation of Liberty Safeguards and the Mental Capacity Act (2005). Senior staff and support workers we spoke with understood each of these issues and staff training records showed that staff were made aware of what was required.

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

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### **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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### **Reasons for our judgement**

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We spoke to people using the services but their feedback did not relate to this standard.

The home had a medication policy and procedure and staff had been trained in how to administer and handle medicines. Regular tablet prescriptions were delivered in individual blister packs each month. This form of packaging reduces the risk of medication errors. We checked the medication stock and medication administration records. Medication was being held for all six people who used the service. Medicines were safely stored and the medication administration records were being kept up to date and were accurate.

Some of the people who were using the service required "depot medication". This was a slow release injection that was given periodically to the individual to ensure that they had consistent levels of particular types of medicine in their blood stream. People could receive this by either attending a local clinic or this could be administered by the manager at the home, who is a qualified registered mental nurse. The home is registered with CQC for the regulated activity, treatment of disease, disorder or injury, which permits them to provide medication by injection when necessary.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We spoke to people using the services but their feedback did not relate to this standard.

The home had an ongoing programme of mandatory training and other training relevant to the needs of the people who used the service. We saw staff training records. These showed the date on which staff had received different types of training. The home had systems in place for monitoring training needs. Almost all staff were qualified to National Vocational Qualification in Health and Social Care level 2.

We saw that the provider's policy was for staff supervision to occur monthly. We looked at staff supervision records that showed that this was usually happening each month. We were also told by three staff that their supervisions took place and they felt well supported and trained for their work. Annual staff appraisals also happened each year and we saw evidence of these on the staff personnel records.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We spoke to people using the services but their feedback did not relate to this standard.

We saw examples of the quarterly performance reports that the service was required to produce and supply to the London Borough of Tower Hamlets which was the local authority that was purchasing this service. These included a wide range of information about the operation of the home. Aside from this there was an internal quality assurance process that required regular reporting. Monthly visits occurred, undertaken by either the registered person or their representative. The provider also sought feedback about the service from service users and stake holders. Comments from people who use the service were included in the reports and the manager was then instructed to take action if any comments that were made raised questions about the quality of the service. The manager was then required to report back to the provider about the progress that had been made to respond to these comments. We saw copies of these reports for the six months prior to our inspection visit and these showed that this system was effective.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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