

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

Tel: 02089812210

Date of Inspection: 26 July 2013

Date of Publication: August 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Cooperating with other providers	8
Management of medicines	9
Supporting workers	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 26 July 2013, 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

There were six people using the service at the time of our visit. We spoke briefly with one person who was going out for the day and another person said a quick hello before going away for the weekend. Other people using the service did not wish to speak with us on this occasion. However, we observed how people and staff interacted and all of these communications were appropriate and respectful. It was evident that people felt able to approach staff.

The person who spoke with us had moved into the home shortly before our inspection in 2012. This person said they felt "really settled" in the home and was "happy" to be living there.

The home provided practical support to help people develop their skills so that they could live independently in the community. The care plans followed a principle called "My Life", focusing on putting each person at the centre of their own care and rehabilitation programme.

Medicines were safely stored and the medication administration records were up to date and accurate.

Two support workers who spoke with us said they felt that the staff group supported each other and worked well as a team. When we asked about the opportunities that were available for training we were told that the provider had a clear commitment to ensuring that staff were trained and supported in their work.

The service had received no complaints since November 2008.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with one person using the service but their feedback did not relate to this standard.

We looked at the care planning records for three of the six people who were living at Approach Lodge. The care plans we looked at reflected the aims of the service. The home provided practical support to help people develop their skills so that they could live independently in the community. The care plans followed a principle called "My Life", focusing on putting each person at the centre of their own care and rehabilitation programme. We saw that people were at different stages of the programme but all of them had a specific aim to becoming as independent as possible. Their future independent living could be within a longer term care home or their own accommodation with outreach support supplied by other services.

Approach Lodge offered the option for people who had previously used the service to return for more intensive support if they had experienced a deterioration in their mental health condition. We saw an example of this happening for one person using the service whose care plan contained specific goals to help them to live independently again.

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". These plans were reviewed by care staff and any subsequent changes to people's needs and care requirements at the home were documented. We saw two people had signed their care plan to show they had agreed to it. The third person had not and we were told by a senior support worker that this person always refused to sign any document. We saw this was mentioned in their care records but was not regularly written on each updated care plan to show whether the person had been asked to sign it but had then refused.

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. We found these were updated at regular intervals.

We looked at the care plan for one person who did not speak English as a first language. A support worker told us communication with this person about day to day matters had improved during the time they had been using the service. Interpreters were provided when more complicated information about their mental health and wellbeing was discussed. We saw this evidenced in the person's care plan records.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We spoke with one person using the service but their feedback did not relate to this standard.

We looked at the communication that was taking place between the service and other health and care professionals who worked with each person. We saw that regular contact was maintained in writing and through meetings with community mental health teams and local authorities responsible for each person.

The deputy manager told us that the staff team had put a lot of effort into maintaining good professional relationships with other health and social care colleagues. We were shown two examples of recent complimentary feedback about the quality of the service that had been sent to the provider by community based mental health services.

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

Our judgement

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.

Reasons for our judgement

We spoke with one person using the service but their feedback did not relate to this standard.

The home had a medication policy and procedure. 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, with their agreement, two examples of which we saw. Medicines were safely stored and the medication administration records were up to date and accurate.

Some of the people who were using the service required "depot medication". This was a slow release injection that was given periodically to ensure that the person had consistent levels of particular types of medicine in their blood stream. People could receive this by either attending a local clinic or it could be administered by the manager at the home, who was 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.

One person was being given independent responsibility for taking their own medication whenever they spent a weekend with their family. This was a part of their independent living programme which had been talked about and agreed. We saw during our visit that care staff checked with this person that they remained confident with this arrangement and they were clear about what medication to take and at what times.

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development.

The home had an on-going 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. All staff had achieved the National Vocational Qualification in Health and Social Care level 2 or 3.

Two support workers who spoke with us said they felt that the staff group supported each other and worked well as a team. When we asked about the opportunities that were available for training we were told that the provider had a clear commitment to ensuring that staff were trained and supported in their work.

We saw that the provider's policy was for staff supervision meetings to take place at least once every two months. We looked at staff supervision records which showed this was happening, and sometimes occurred more frequently. We saw that staff supervision covered their day to day work, keywork, their welfare and other work responsibilities. We were told by two staff that their supervisions took place and they felt supported in their work. We saw evidence that staff appraisals took place each year and staff told us they felt these were positive.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with one person using the service but their feedback did not relate to this standard.

People were made aware of the complaints system. This was provided in a format that met their needs.

The complaints policy had been most recently reviewed and updated in September 2011. The policy described the stages of investigation the service would undertake. The information also included advice for people about other organisations they could contact if they remained dissatisfied with how their complaint had been handled by the provider.

We looked at the complaints record and found no complaints had been recorded since November 2008. The deputy manager, and other staff, told us they could not recall any having been made for a long period of time.

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.

Contact us

Phone: 03000 616161

Email: enquiries@cqc.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
