

Approach Lodge Limited

Approach Lodge Limited - 2 Approach Road

Inspection report

2 Approach Road

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 15 and 16 June 2015. At our previous inspection on the 14 May 2014 we found the provider was meeting regulations in relation to the outcomes we inspected. Approach Lodge is registered with the Care Quality Commission to provide care and accommodation for up to seven men and women with mental health needs. At the time of our inspection two people had been admitted to a local hospital and there was also one vacancy.

There are seven single occupancy bedrooms equipped with en-suite facilities. There is a communal lounge, meeting room, kitchen and laundry room, and a small garden at the rear of the premises. The building comprises three storeys and does not have a passenger lift.

There was a registered manager in post, who had worked at the service for several years. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training about how to protect people from abuse and demonstrated their knowledge of how to report any safeguarding concerns.

The care plans we looked at contained risk assessments, which showed that any risks to people's safety and welfare had been assessed and planned for. There were enough staff available to support people using the service, including support to attend appointments and take part in community activities.

Medicines were stored, administered and disposed of safely. Staff had received medicines training and were knowledgeable about the medicines that people were prescribed.

There was a robust recruitment system in place and all staff had completed an induction. Staff had regular supervision and training, including training about how to support people with mental health problems. This meant that people received care and support from staff with appropriate knowledge and skills to meet their needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect

people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. We saw that staff understood the provider's policy and could explain how they protected people's rights.

People had positive relationships with staff, who spoke with them in a caring and encouraging manner. Relatives, and health and social care professionals, described staff as being kind and respectful towards people. People's privacy was maintained, for example staff asked people if they were happy to speak with us and show us their bedrooms.

People using the service told us they were happy with their care and we received positive remarks from their families. Care plans reflected people's needs as identified at their Care Planning Approach meetings, and were regularly reviewed and up to date. People were actively supported to participate with the planning and reviewing of their goals, and relatives told us they were consulted about their family member's care and support. People accessed community medical and healthcare facilities and staff accompanied them to appointments if necessary.

The registered manager was aware of how to respond to a complaint if required. People and their relatives told us they had been provided with information about how to make a complaint. They told us that the service was well managed and the registered manager was described as "approachable" and "totally committed."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were familiar with the provider's safeguarding policy and procedures and had undertaken training to keep people safe.

The provider carried out thorough recruitment checks.

There were appropriate systems in place to support people with their prescribed medicines.

Good



Is the service effective?

The service was effective.

Staff received the necessary training to understand and meet people's care and support needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The safeguards are used to protect the rights of people who lack the ability to make certain decisions for themselves and make sure that their freedom is not inappropriately restricted.

People were supported to participate in planning and preparing meals, and were offered a range of healthy foods and drinks that met their personal, cultural and/or dietary preferences and needs.

Good



Is the service caring?

The service was caring.

People using the service, their relatives and care professionals told us that the staff and registered manager were kind and helpful.

People were encouraged to participate in planning their care and support.

Information was provided about local advocacy services.

Good



Is the service responsive?

The service was responsive.

Staff worked with people to support them to set goals and evaluate their achievements.

People were supported to engage in fulfilling activities and become more involved in their local community.

The registered manager demonstrated an understanding of how to respond to any complaints in an open and professional manner.

Good



Is the service well-led?

The service was well led.

People using the service, their relatives and health care professionals told us the service was well managed.

Good



Summary of findings

The provider sought the opinions of people and their representatives.

The provider, registered manager and senior staff carried out checks and audits on the running of the service.

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Detailed findings

Background to this inspection

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

The inspection took place on 15 and 16 June 2015 and was conducted by one inspector. The inspection was unannounced on the first day and we informed the service that we would be returning the next day.

Prior to the inspection we reviewed information we held about the service. This included notifications of significant incidents reported to CQC and the last inspection report of 14 May 2014, which showed the service was meeting all regulations checked during the inspection.

We spoke with three people who used the service, one support worker, one senior support worker, the deputy

manager and the registered manager. We received information after the inspection visit from an independent professional (registered nurse) who carries out unannounced monitoring visits at the service, on behalf of the provider. We spoke with the relatives of two people during the inspection. We observed the support and care provided to people in the communal areas and looked around the premises.

We reviewed three care plans and the accompanying risk assessments. We also looked at a range of documents including medicine administration record (MAR) sheets, four staff records, the complaints log, quality assurance audits and health and safety records.

We contacted health and social care professionals with knowledge of this service in order to find out their views about the quality of the service. We received feedback from a community psychiatric nurse and a local authority social worker. We used this shared information to assist our inspection.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, “Yes, it is always safe. I feel safe with the staff. They are like family.” A relative said, “I feel it is safe here. The staff will call me if anything is wrong”.

The provider had safeguarding policies and procedures in place to guide practice. The staff we spoke with were knowledgeable about how to identify the signs of abuse and how to report it. Training records showed that staff received training in safeguarding people from abuse. Staff demonstrated their understanding of how to use the provider’s whistle blowing policy if necessary, in order to report any concerns about how the service was being managed. Staff told us they would whistleblow to external organisations such as the local safeguarding team and the Care Quality Commission (CQC) if they believed the provider was not satisfactorily responding to their concerns.

The care plans we looked at contained risk assessments, which were regularly reviewed and reflected changes identified at people’s Care Planning Approach (CPA) meetings. CPA is the system used to organise people’s community mental health services, involving people, their representatives and health and social care professionals such as psychiatrists, nurses, occupational therapists and social workers. The CPA meetings were also attended by staff from the service, and people’s relatives if applicable. There were a range of risk assessments including support for a person with behaviour that challenged the service, and strategies to assist a person to understand why they should adhere to medically advised healthy eating guidelines while recognising the person’s individual rights and preferences. This showed that the service strived to promote people’s independence, taking into account the need to minimise risks to their safety.

We saw that there were sufficient staff available on both days of the inspection. One member of staff was allocated to visit both people in hospital every day, which was confirmed when we spoke with a relative. During the inspection we saw that staff had time to sit down with people and chat, or encourage people to get involved with activities such as quizzes, menu planning, food preparation

or individual meetings for care planning. Staffing rotas showed that there were enough staff to support people to attend community activities and appointments. The registered manager told us that additional staff could be flexibly rostered when necessary, which was demonstrated on the rotas we checked.

We checked four staff recruitment folders and found they all contained satisfactory information to demonstrate that staff had been recruited safely, including criminal record checks and two appropriate references. Records showed that staff were monitored and assessed during a probationary period. This showed that the provider took robust measures to ensure that prospective and recently appointed staff were suitable to work with people using the service.

Appropriate systems were in place to support people with their medicines. We checked the provider’s medicines policy and procedure, and looked at the staff training records for supporting people with their medicines. We checked the storage and recording of three people’s medicines, which was safely undertaken. A staff member showed us medicines and the accompanying medicines administration record (MAR) forms. They informed us why people were prescribed specific medicines for either their mental health problems or physical health concerns, which showed that staff were knowledgeable about people’s medicines and related health needs. The staff member showed us how medicines were counted when they arrived at the service and the recording system for returning any surplus medicines back to the pharmacy. We saw that all medicines were checked and administered by two members of staff, in order to promote increased safety for people.

Records showed that the registered manager regularly audited the health and safety records to ensure that equipment and installations at the premises were safely maintained. We looked at a sample of maintenance and monitoring records including the testing of the fire alarm system, fire drills, emergency lighting testing, and the certificates for gas safety and electrical installations checks. These checks showed that there was a system in place to protect people as much as possible from environmental risks.

Is the service effective?

Our findings

People told us that staff listened to them and respected their choices. One person told us, “I have been here a long time. It’s welcoming and gives me stability. I feel an improvement in my own self. There is nothing bad about being here.” One relative said, “They have done an excellent job and [my family member] has been happy here. I have seen improvements in [him/her].” Another relative commented, “I think [my family member] has improved so much. They keep me informed. I am happy with the care.”

Staff told us they received training that was relevant to the needs of people using the service. The training records showed that staff received mandatory training, including fire safety, infection control, food hygiene and first aid. Staff also attended training to meet the needs of people who used the service, for example mental health awareness, the use of mental health recovery models, responding to behaviours that challenge and how to support people with diabetes. A staff member told us they thought the training was helpful and felt the use of external trainers gave them an awareness of practice in other mental health care settings.

We saw that staff received one-to-one supervision every six to eight weeks, and annual appraisals. Supervision records showed that staff were supported by the registered manager and the deputy manager to understand and meet people’s needs. The external professionals commented upon the knowledge and skills of the management team, and its’ positive impact on the quality of care. The appraisals were up to date and showed that staff were given opportunities to reflect upon their practice, and were supported to set new learning and development goals.

The registered manager informed us that staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff confirmed that they had received this training and clearly explained their understanding. The MCA sets out what must be done in order to ensure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in regard to consent or refusal of care and treatment. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

The registered manager told us that all of the people using the service at the time of the inspection had the capacity to make informed decisions and choices. People’s care plans showed that their capacity had been assessed by medical and health care professionals and was discussed as part of their Care Planning Approach (CPA) meetings.

People informed us that they attended health care appointments, such as visits to their GP, clinics, opticians and dentists. The registered manager and members of staff told us that some people were reluctant to attend health care appointments. In these circumstances, staff encouraged people to attend and discussed any underlying fears during one-to-one key working sessions. Through reading one of the care plans and speaking with staff, we saw how the service supported a person with a chronic medical condition. This included encouraging the person to attend an educational event about their health problem, which was focused upon the specific needs of people from their culture. We also saw that staff reported back to professionals at the CPA meetings about any changes to people’s health. The external professionals both highlighted the keenness and ability of the staff team to work well with members of the community multi-disciplinary mental health team. An external professional told us that the registered manager had a good understanding of people’s health needs and how to meet these needs, as they had a background in registered mental health nursing.

One person told us they enjoyed cooking independently and cooking with staff. They said, “I like the food most days. I cook chicken curry, dumplings and vegetarian food.” Staff showed us the recipe books they used with the person. The registered manager told us that staff supported people to improve upon their skills and confidence with food shopping and preparing meals, and people were at different stages of their individually agreed plan towards increased independence.

Care plans showed that people’s nutritional needs had been assessed and information was recorded about their likes and dislikes, and whether any dietary guidelines from medical and health care professionals were in place. Staff told us about the support they were giving a person to follow healthy eating guidelines from a community nurse. People told us they contributed to the menu planning and said meal times for breakfast and lunch were usually quite flexible. The registered manager explained that the evening

Is the service effective?

meal tended to be at a set time as there was one communal kitchen and not enough space for people to prepare different dishes. However, arrangements could be made for individual evening meals to be served at a time that suited people's schedule for the day. We saw that people could help themselves to drinks, snacks and fresh fruit whenever they wished to and one person offered to make us a cup of tea.

Staff demonstrated a detailed knowledge of people's favourite foods. We saw how the service had supported a person to attend a local community centre, which provided a daily lunch that reflected the person's cultural food preferences. One of the care plans' showed that staff had developed good relationships with a person's relatives who brought in food every weekend and had advised staff about how to meet the person's cultural needs in regard to their diet.

Is the service caring?

Our findings

People and their relatives told us they liked living at the service and found the staff supportive. One person said, “The staff are hard-working. I get asked my views at meetings. I go shopping, visit a relative and attend festivals and events at different places of worship.” A relative told us, “All the staff are very nice, they are like family. I like how they give support. They understand that [my family member] and I are very close and like to go to the mosque together.” An external professional told us that people were provided with a warm and loving environment.

During the inspection we observed numerous positive interactions between people and staff. For example, one person was not sure about whether to speak with us. We saw that staff provided gentle reassurance and one employee spoke with the person in a language they felt more comfortable using, in order to provide more information about the inspection. We also saw that staff intervened in caring ways in order to support people. For example, when one person did not feel able for a period of time to attend a lunch club that provided meals that met their cultural preferences, staff went to the club every day and collected their lunch.

People told us they were always treated with dignity and respect. We saw that staff checked with people if they were happy to speak with us and ensured that people had a private area of their choice to meet us in. We saw staff knocking on people’s doors and waiting for their consent to enter. Most people did not regularly require support to meet their hygiene needs; however, we saw that people could choose the gender of their key worker. This meant that people could discuss issues related to meeting their personal care needs during key working sessions with a person of their own gender, if they wished to.

People told us they could spend time with relatives and friends. One person told us they visited their family a few times a week to have a meal, with staff support. A relative commented, “[My family member] comes to stay at my home and enjoys it.” Staff told us about how they encouraged people to take part in local activities and feel integrated within the community. We saw photographs of activities and events that people had been to since the previous inspection, which included seaside trips, visits to the cinema, meals out, gym sessions and open days at resource centres. One person told us they liked to have regular visits to hairdressing and nail manicure salons. A member of staff told us they encouraged and supported the person to book and attend these pampering treatments, which were noted by staff to raise the person’s self-esteem. The photographs also showed that a staff member supported a person to attend a weekly day centre activity. People and staff said they liked being within close walking distance to a popular park and other local amenities, including a variety of cafes with indoor and external dining areas and craft centres.

The care plans showed that people were consulted about their care and support. Information was provided about how to access an independent advocate if people wanted support to make a complaint, and people were provided with information about local peer support groups they could attend. The registered manager told us that the provider valued the importance of enabling people to access independent advocacy and the care plans demonstrated that staff went with people to open days at local advocacy services, so that people could form their own links.

Is the service responsive?

Our findings

People were admitted to the service following an assessment by external health and social care professionals and an in-depth assessment by the registered manager. An external professional told us that the provider carefully assessed whether a prospective person was suitable to move into the service and would benefit from the provider's programme of mental health recovery. The care plans outlined areas where people needed support and clearly defined how this support would be provided.

The registered manager told us how the service seeks to respond to people's changing needs. Records showed that staff were concerned that a person needed more specialist activities to increase their confidence. The registered manager had liaised with the person's social worker to get funding approved for the person to attend a group that understood the person's cultural identity.

The provider used an electronic care planning system that it had developed, known as My L.I.F.E (learning independence for ever). With the consent of a person using the service, we were shown elements of the work they had achieved with their key worker. The system was designed to address a range of holistic needs. For example, people could set and evaluate their own goals about increasing

their confidence, learning new social and domestic skills, and independently managing more aspects of their personal finances. We saw that people were actively working towards greater independence and personal fulfilment. An external professional told us that they had seen people make remarkable progress with their mental health recovery.

People told us they knew how to make a complaint. One person said, "The staff are open. The manager is helpful and I know I could go to MIND" (a voluntary sector organisation with advocacy services in Tower Hamlets). A relative commented, "Any problems, staff will sort out. [The registered manager] would sort out complaints." Another relative told us they had no complaints and had never had a reason to complain. They said, "[My family member] and I know the staff really well and they know [his/her] needs really well."

People confirmed that they were provided with written information about how to make a complaint. Records showed that people were provided with guidance about how to raise a complaint during their one to one key working sessions and during residents meetings. We looked at the complaints log and noted that there had not been any complaints since the previous inspection.

Is the service well-led?

Our findings

People told us they liked the registered manager, and found him dedicated and supportive. One person told us, “He’s very helpful”. A relative commented, “[The registered manager] is a good person” and another relative said, “He manages the place very well.” The external professionals told us they had confidence in the leadership approach of the registered manager and liked his caring approach.

Staff told us they felt supported by the registered manager and they felt able to approach him for advice and guidance. The minutes for staff meetings demonstrated that information was shared and staff were asked for their views. The staff meetings minutes also demonstrated that learning took place from accidents, incidents and other events. External professionals told us that they thought there was a positive culture within the service for staff to share ideas and support each other’s development.

Staff told us about the support they were given in order to improve their performance and the quality of care they provided. They were enthusiastic about the structure of their team meetings, which involved different monthly discussions about their values, for example how they worked in a way that promoted people’s diversity and how

they supported people’s entitlement to dignity. The team meetings also encouraged staff to look at the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and discuss how the service met these regulations and what could be improved upon.

The registered manager and other senior staff carried out health and safety audits for the premises. The provider employed an independent person with a professional background in health and social care to carry out monitoring visits every two months, in addition to their own visits to the service. We contacted the independent monitoring person after the inspection and they told us they found the registered manager to be thorough, committed to person centred care and responsive to suggested improvements.

Satisfaction questionnaires were carried out in order to gather people’s opinions about the service and the quality of support they received. We saw some comments on completed returned forms, which were all positive. An external professional told us that a few years ago they had informed the provider about areas they could improve upon. They found that the provider responded well to constructive criticism and new ideas.