

# Voyage 1 Limited

# Cosin Lodge

## Inspection report

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22 August 2017

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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 ●

# Summary of findings

## Overall summary

This inspection visit took place on 15 August 2017 and was announced. We gave the provider 24 hours' notice to ensure someone would be available at the service. We spoke with relatives via telephone on 22 August 2017.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in November 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Staffing was provided at safe levels and any staff absences were covered by the provider's own permanent and bank staff.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show the service verified the conduct of prospective staff members.

People and relatives we spoke with told us they felt safe at Cosin Lodge. Staff were aware of procedures to follow if they observed any concerns.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals and told us they felt supported.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People are were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external healthcare specialists.

Care records showed that people's needs were assessed before they started using the service, they were

supported to transition to the service at their own pace and support plans were written in a person centred way. Person centred means the individual needs of the person, their wishes and preferences were central to the support plan.

Staff supported people who used the service with their social needs. We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with staff members and there was a warm and positive atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

People who used the service and family members were aware of how to make a complaint. Information had been provided in an easy to read format.

Staff told us they felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Cosin Lodge and actions plans and lessons learnt were part of their on-going quality review of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service was caring.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

People had access to advocacy services and the service supported people to maintain relationships with friends and family.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Cosin Lodge

## 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 was planned to check whether the registered provider is 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.

This inspection took place on 15 August and 22 August 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with three people who used the service and two family members via telephone following the inspection visit on 22 August 2017. We also spoke with the registered manager and three care staff.

We looked at the records of two people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

# Is the service safe?

## Our findings

Staff we spoke with had a good understanding of abuse. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "I know that my relation is safe and well cared for." One person told us, "Yes I am safe here, the staff are there if I need them."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if the registered manager wasn't available. We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person decided to leave the home. This showed the service supported staff to keep people and themselves safe.

Support plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the registered manager. The two care plans we looked at incorporated risk assessments. This covered areas such as the risks around moving and handling, behaviour, falls, and nutrition and hydration. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We saw that the service supported people to take responsible risks such as helping with cooking. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly.

We saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that prospective staff members are eligible to work with vulnerable people. The manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. We spoke with one staff member who had joined the service within the last year and they told us of the induction support and checks they went through as part of the selection process. They said, "Everything was really smooth and although it felt like lots of paperwork, I understood why my training had to be right."

We made several observations where staff had time to talk and offer people reassurance. The atmosphere

within the service was calm and care felt unhurried. The registered manager told us that staffing was provided flexibly by the team as it was dependent upon activities that were planned for people. At the time of our inspection there were two care staff and the registered manager. Staffing was rostered so that support was available at key times to support people with activities and at weekends. Staff and the registered manager told us that they provided cover amongst themselves where possible or used the staff from the provider's nearby services and had no need to use agency staff.

Care staff we spoke with told us they had completed medicines training, and the registered manager showed us a medicines competency assessment that was used to check that staff were trained and familiar with procedures in relation to medicines. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines and we witnessed staff signing in medicines in a thorough and systematic manner.

All medicines were stored securely. Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw guidance was in place for 'as and when required' medicines so staff could consistently support people if they needed medicines in this way.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. Staff were aware of who to contact should there be any problems with equipment or the environment.

## Is the service effective?

### Our findings

We spoke with people who used the service and their relatives who told us they had confidence in the staff's abilities to provide good care. One person we asked told us they liked the staff, "Yes I got on with them all." One relative told us; "My relative is very well looked after, if anything is amiss they get the doctor and he is fed very well."

The premises were spacious, homely and well-furnished and people were enabled to spend time on their own if they wished or to join in everyday activities that took place such as cooking, listening to music or watching TV in the lounge.

All staff we spoke with said they had regular supervisions and support. One new staff member told us, "I came here having never worked in care before so I was a bit daunted but the help and support I have had has been amazing." Every staff member we spoke with said they felt able to raise any issues or concerns to the registered manager.

We looked at supervision and appraisal records for staff members. We saw supervision occurred regularly and people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals were planned in as the registered manager had not been in their position long enough to carry these out yet.

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, moving and handling, safeguarding, autism awareness and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. Staff told us, "The training is good and the refreshers are always helpful."

There was a staff meeting on the day of our visit, and several staff came in early or from their days off to join the meeting. We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service and staff were encouraged to share learning they had undertaken through presentations. This showed relevant updates were shared with the staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff had received training in the MCA and the registered manager was aware of their responsibilities with regard to the MCA. We found the service was working within the principles of the MCA.



Relatives we spoke with said they were happy with the communication with the service and felt the service would contact them if there were any issues with their relative. One relative said, "I couldn't be happier with the contact we have, the staff keep us updated about everything."

Staff explained to us the service now planned menus, depending on what people's preferences were. People and staff then shopped for food and drink items accordingly and all food was prepared by staff in the kitchen of the service. Everyone had a nutrition care plan and staff explained to us that they knew people's likes and dislikes from talking with the person. We observed people in the kitchen making themselves a drink or snack and staff were there to offer support if needed.

We saw records that showed us that community professionals were involved in the care of people who used the service, such as social work team, occupational therapy and the speech and language therapy team. Everyone was registered with a local GP practice and we saw from care records that people's healthcare needs were well assessed and reviewed. Staff all told us they felt people were supported to stay healthy.

## Is the service caring?

### Our findings

We spent time observing interactions between people who used the service and the staff. We found there was a genuine rapport with people and we saw staff interacting with people in a positive and caring way. We observed staff treating people kindly and with respect.

We spoke with two relatives of people who used the service. They told us, "They are all very caring," and "They are very patient with my relation, they see any signs of distress early."

Some people who used the service had complex needs and some had difficulty with communication. Staff told us; "It takes time to get to know people and new staff spend as much time as they need with experienced staff so they get to know people well." We spoke at length with one person who told us they got on well with staff and they could talk to them about any worries or concerns they may have.

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task. We observed that staff asked people's consent and explained what they were doing throughout our visit. We saw people were smiling and clearly knew the staff members working at the service well. There was a lot of fun and laughter as people and staff enjoyed a discussion about whose choice of music was the best!

We saw people were supported to have choices and were able to were supported to access kitchen facilities independently to prepare their own drinks and snacks. People were supported to personalise their own bedrooms and staff told us people were involved in choosing décor in other areas of the home.

We looked at support plans for two people using the service. People had their own detailed plan of support. The support plans were written in an individual way, which included family information and how people wanted their care and support to be given. Plans were person centred and specific to the needs of the individual. Care records contained information to show consideration had been given to people's preferences.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. The staff team were well established at the home which meant people received consistent care.

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people's family or carers straight away if they had any concerns about someone's health or well-being. We saw from support plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us that people who were using the service had access to local independent advocates to support them.

## Is the service responsive?

### Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Cosin Lodge as well as relatives. There was easy read information around the home on how to make a complaint. Relatives we spoke with said, "I would tell them if anything was bothering me." The complaints policy also provided information about the external agencies which people could use if they preferred. There had not been any formal complaints within the last 12 months

People and relatives told us that people's social needs were met. There were lots of activities within the service and staff told us that they tried to use community facilities such as local parks and shops as much as possible with people. We spent time in the service and observed people making lunch, doing domestic activities and relaxing watching the TV. People told us they had been on holiday and one person told us how they often went to music concerts supported by staff members. Relatives we spoke with were very happy with activities carried out at the service. One relative said; "There is always things going on and my relation gets out all the time."

We saw evidence that support plans were regularly reviewed to ensure people's changing needs were identified and met. We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. We also saw there was a daily handover of information between staff each day. This meant the service was able to identify changes and respond to those changes promptly.

The support plans we looked at were person centred, by this we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. Everyone had a one page profile including staff members which meant key information about people and how they wished their care and support to be delivered was in place.

The service focused on ensuring people had transitions that were smooth and positive. The registered manager told us they were working with commissioners, families and the person to support people to transition into and out of the service. Staff also told us they were proud that the work they did in supporting people to be independent had led to some individuals moving into their own homes with support.

## Is the service well-led?

### Our findings

Our observations were very positive. Staff all communicated in a kind and friendly manner and there was a welcoming and warm atmosphere within the service.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had only recently been appointed and registered with CQC but had worked for the provider for a number of years.

The home had a clear management structure in place led by a registered manager who managed two services run by the provider in the same local area. The senior care team was in day to day charge of the service and worked alongside staff providing support to people.

Observations of interactions between the registered manager and staff showed they were open and positive. Relatives we spoke with told us the registered manager was approachable, supportive and they felt listened to. We spoke with three staff members who all told us they felt supported working at Cosin Lodge. Staff members told us they were supported to develop their skills and also with working time arrangements to look after family members. The registered manager also told us how they had been developed by the provider from a support worker through to a manager and they were keen to ensure staff working at Cosin Lodge experienced the same development opportunities.

Annual quality questionnaires took place, which asked people's relatives and carers who used the service a number of questions regarding the quality of the service. The service also carried out ad hoc meetings with people using the service where they talked about menus and activities so people were consulted about the support they received at Cosin Lodge.

We saw records to confirm regular meetings took place with staff. On the day of our visit a staff meeting was taking place and several staff came in early or from their day off to attend. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "You can get hold of Name [registered manager] anytime for advice and support". We were told that the meetings talked about people using the service, keyworkers, safeguarding and health and safety topics as well as an update from the manager and there were now weekly email updates from the provider.

The manager told us of various audits and checks that were carried out on the environment, health and safety and care records. We saw records of audits undertaken and action plans with clear dates for completion and by whom. For example there was an action about staff not always wearing aprons with food preparation and that not all staff had a supervision agreement in place. This showed the service was continually reviewing itself to address any areas for improvement. The regional manager visited the service regularly and also carried out quality checks on records, the environment, policies and health and safety.

Any accidents and incidents were monitored by the manager to ensure any trends were identified. This system helped to ensure any trends in accidents and incidents could be identified and action taken to

reduce any identified risks.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed.