

# Voyage 1 Limited

# Cosin Lodge

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cosin Lodge is a residential care home providing accommodation and personal care to up to 4 people. The service provides support to people with learning disabilities and autistic people. At the time of our inspection there were 4 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 3 people using the service received personal care.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** Systems and processes were not always robust enough to ensure people were safeguarded from the risk of improper treatment. People were generally supported to have maximum choice and control of their lives, but documentation was not in place to assure us that staff always supported people in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We found the use of 1 restrictive practice where documentation and procedures around its use were not robust. The registered manager took steps to address this immediately.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

**Right Care:** The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People were supported to attend medical appointments.

**Right Culture:** Quality assurance systems and processes were in place. However, they were not robust enough around the use of a restrictive practice and this had not been identified.

There was a culture of learning within the service. Lessons learnt were shared with staff in meetings,

supervisions and appraisals. There was a positive culture within the service. Staff felt supported and valued. Feedback was sought from staff, people, relatives and professionals. Actions were implemented in response to the feedback received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 2 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cosin Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to having appropriate systems, processes and documentation in place to ensure people are receiving appropriate treatment and safeguarded from potential improper treatment.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about the effectiveness of oversight of restrictive practices.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cosin Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Cosin Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cosin Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we did not want to cause anyone who used the service any distress by attending unannounced.

Inspection activity started on 12 April 2023 and ended on 28 April 2023. We visited the service on 12 April 2023 and 13 April 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We met with 3 people who used the service and observed their interactions with staff. We spoke with 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, the deputy manager and 3 support workers. We spoke with 1 professional who worked closely with the service.

We reviewed a range of records. This included 2 people's care records, 2 staff recruitment files and medicine records for 2 people. A variety of documents relating to the management of the service, including policies, audits and training records, were reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not always robust enough to ensure people were safeguarded from the risk of improper treatment.
- The provider had put in place a practice to monitor a service user, for the purpose of mitigating known risks to that person. However, this practice could be considered restrictive and intrusive, and the service user lacked the capacity to consent to the practice. Documentation did not demonstrate less restrictive and intrusive options had been considered. Robust and regular reviews of this practice were not monitored and recorded to ensure it remained necessary.

This failure to have systems and processes in place to ensure people were protected from receiving care that was not overly controlling and restrictive is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately following our feedback, the registered manager arranged for a full review of this practice.
- Relatives told us their family members were safe and well cared for. One relative told us, "The staff are very good and caring and I have no concerns."

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people were appropriately assessed and managed. People had individual support plans in place which contained good information about people's health conditions and the impact on them. There was clear guidance for staff around how to safely support people.
- Staff knew people well and followed the support plans to keep people safe.
- Staff managed the safety of the premises and equipment in it well through checks and action to minimise risk. The environment was secure, and health, safety and maintenance checks were up to date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were generally working within the principles of the MCA, although we identified systems, processes and documentation were not robust enough around the use of 1 restrictive practice for a person who lacked capacity to consent to that practice.
- Appropriate legal authorisations were in place to deprive people of their liberty where needed. However, the use of 1 restrictive practice was not recorded in that person's DoLS authorisation.
- The registered manager was responsive to our inspection feedback and took immediate action where needed.

#### Staffing and recruitment

- The service had enough staff to safely support people. The numbers and skills of staff matched the needs of people using the service.
- Recruitment systems were in place to make sure the right staff were recruited to support people. Candidates' assessment of character was conducted through a values based interview process.

#### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Medicine records were clear and organised.
- Where people were prescribed 'when required' medicines, there was clear guidance available for staff as to when it would be appropriate to administer this medicine. Staff recorded the reason for administration and whether the medicine was effective.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting at the time of the inspection.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Quality assurance systems and processes were in place.
- Regular audits were carried out and quality was monitored. However, governance processes were not robust enough around the use of a restrictive practice for a person who lacked capacity to consent to this practice, and this had not been identified. The registered manager told us they had taken steps and action to address this.

We recommend the provider seeks advice from a reputable source about the oversight of restrictive practices, including compliance with the Mental Capacity Act.

- Statutory notifications were submitted to CQC appropriately.
- Lessons learnt were shared with staff in meetings. Lessons learnt from other services were cascaded to staff to promote continuous learning and improving care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture within the service. The registered manager and deputy manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The registered manager and deputy manager were visible in the service and approachable. Staff felt respected, supported and valued. One staff member told us, "I love working here, it is like a family. I feel supported and can always go to the manager with anything."
- The provider understood the duty of candour and staff gave honest information and suitable support when required. One relative told us, "They don't hide anything, communication is good. If anything happens, they are straight on the phone, they are on the ball like that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Questionnaires were sent to staff, people, relatives and professionals. Actions were implemented in response to the feedback gathered.

- Regular staff meetings took place and staff told us they felt listened to. One staff member told us, "We have regular supervisions and appraisals. These are useful and we can always have our say."
- Staff worked well with other professionals and made appropriate and timely referrals where needed. People were supported to attend medical appointments.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to have systems and processes in place to ensure people were protected from the risk of abuse.</p> <p>Regulation 13 (1), (2), (3), (4)(b) and (c) and (5)</p>