

Counticare Limited

Cosy Lodge

Inspection report

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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

Cosy Lodge is a 'care home' and is registered to provide accommodation and personal care for a maximum of seven people. The service is located on two floors. Each person had their own individual bedroom. The service had a communal lounge, kitchen and dining room where people could spend time together.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent

People's experience of using this service:

People and their relatives were placed at the heart of the service and were involved in choosing their care and support in the way they preferred. People benefitted from caring, dedicated staff who treated people with respect and dignity. The staff team promoted people's dignity and prevented people from becoming socially isolated within the service and in the community. People took part in range of activities which they were involved in choosing and enjoyed.

Not all people living at Cosy Lodge were able to verbally express their views to us, but we observed they looked comfortable and at ease with staff. Their non-verbal language, body language, facial expressions and laughter indicated they were happy. Staff knew people well and were alert to signs of change which may indicate someone was not happy. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs. People's medicines were managed safely.

Risks to people's health, safety and well-being were assessed, and action was taken to remove or reduce the risks. People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. People indicated they felt safe with the staff.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a registered manager who led the staff team to provide the best care they could. People were supported by enough staff who had been recruited safely.

Cosy Lodge was hygienically clean, and staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The provider took appropriate actions following any incidents and learning was shared with staff to prevent reoccurrence

Relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. They said the registered manager was approachable and sorted out any issues they had. Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place.

People's relatives told us they would be confident to raise any concerns with the registered manager and felt confident that they would be listened to. People were satisfied and happy with the care and support they received.

Rating at last inspection:

At the last inspection the service was rated Good. (Published 29 December 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cosy Lodge on our website at www.cqc.org.uk.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Cosy 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type:

Cosy Lodge is a 'care home' for people living with autism and learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

Inspection activity started on 15 August 2019 and ended on 15 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deprivation of liberty applications and their outcomes and other events which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our inspection visit we spoke with one person. Some people living at the home, due to their complex care needs and disabilities were unable to give us their feedback. We spent time with people to see how staff supported them. We also spoke with two care staff, a senior carer deputy and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records, training and supervision records and records relating to the quality monitoring and management of the service.

After the inspection

We spoke with two relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same 'Good'.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who care and supported them. Relatives said they had confidence in the registered manager and staff who cared for their loved one. One relative said, "I trust the registered manager to make sure (my relative) is safe."
- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff had received training in protecting people from harassment, discrimination and harm.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may have.
- The registered manager knew to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.
- There was information available on notice boards for people and staff, so they could report any concerns within the service or through external agencies.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being and any environmental risks were assessed, and measures put in place to remove or reduce the risks. Risk assessments were regularly reviewed to ensure they reflected people's changing needs.
- The registered manager had liaised with other agencies, such as health professionals, to ensure the risk assessments were comprehensive and were in line with best practice.
- Staff showed a good understanding of how to manage risks to people's safety. They were able to describe how they supported people with complex needs to prevent harm.
- Some people had health conditions such as unstable diabetes. There was clear guidance available for staff to explain the action they had to take if people's condition became unstable. When people were identified as being at risk of choking action was taken to make sure they were safe when they were eating.
- There was clear guidance in place when people had seizures. Staff knew exactly what to do to make sure the risks were kept to a minimum.
- Other risks to people had been considered, and there were clear risk assessments in place for people accessing the community and taking part in their chosen activities.
- Staff were knowledgeable about people, and knew situations that made people unsure. Staff knew how to best avoid these. As a result, the number of incidents where people displayed behaviours that could challenge had reduced.
- Checks were regularly done on equipment to make sure it was safe. Emergency plans were in place to ensure people were supported in the event of a fire. People were involved in the testing of fire equipment.

When staff completed fire drills, one person was actively involved in the process

Staffing and recruitment

- Staff and relatives said there were sufficient staff deployed to meet people's needs and support them to be independent.
- The registered manager took people's routines into consideration when planning staff allocations. For example, more staff were required at certain times of the day, so people could do the activities they wanted to or when they had to attend health appointments.
- Staff were recruited safely. Recruitment checks had been completed, including checks on staff's conduct in previous social care roles and Disclosure and Barring Service (DBS) checks. Any disclosures on DBS checks were risk assessed to ensure potential staff did not pose a risk to people.

Using medicines safely

- People's care plans included details of their prescribed medicines, how these supported people to manage their health conditions and how people preferred to take their medicines.
- Staff had received specialist training from health care professionals for diabetes to ensure they had the skills and competencies to give people their insulin safely.
- There was clear guidance in place which included body maps for people who needed special cream applied to their bodies to ensure their skin was as healthy as possible. People's skin conditions had improved as staff followed the guidance.
- People were supported to be as independent as possible when taking their medicines.
- When people needed 'as and when' medicines for their specific health conditions there was clear guidance in place to make sure staff gave these consistently and safely.
- Medicines were stored safely, and records completed to confirm staff had administered medicines.
- Staff received training in the safe management of medicines and this was refreshed every 12 months.
- The provider undertook regular audits on medicines to make sure they had been given correctly.

Preventing and controlling infection

- Staff had completed training in understanding their role in preventing and controlling the risk of infection for people. They supported people to keep the service clean and tidy.
- Staff had easy access to personal protective equipment, such as gloves and aprons, when supporting people with certain tasks.

Learning lessons when things go wrong

- Staff completed records detailing accidents and incidents that had occurred in the service. Systems were in place to investigate accidents and incidents.
- The registered manager considered if the events needed to be referred to the local authority safeguarding team. They also considered what steps were needed to keep people safe.
- Lessons learnt were discussed at meetings so that everyone could learn from events.
- These were analysed and reviewed by the provider to identify measures that may be required to reduce the risk of further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, and frequently or when their needs changed. One relative told us, "The staff knew (my relative) really well before they moved in. Everything went very smoothly."
- The registered manager reviewed and considered people's protected characteristics under the Equalities Act 2010, including any disability, religious or cultural needs.
- Staff received a four-day induction that covered the Human Rights principles. Staff also complete e-learning modules in Equality and Diversity and person-centred approaches.

Staff support: induction, training, skills and experience

- Staff had completed training to meet people's needs including best practice skills in supporting people with learning disabilities and challenging behaviour. These included positive behaviour support and person-centred support, which are recognised ways of planning with people ways to support them to remain calm and achieve the goals.
- When people's needs changed, staff received additional training to better equip them to support people. This included diabetes training, which staff told us was helpful for them.
- New staff had completed an induction which included shadowing experienced staff and completing the provider's basic training programme. All new staff completed the Care Certificate, which are a set of standards that define the knowledge, skills and behaviours expected of care staff in their role.
- Staff told us they received regular supervision with the registered manager, where they were able to bring up any work-related issues or discuss anything which affected their role. All staff told us the registered manager was approachable and supportive.
- Staff also had observational supervisions where their competencies in areas like communication, administering medicines, offering choice and independence were observed and monitored. Constructive feedback was given to staff, so their practises could improve.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. People made the decisions about the food they ate.
- People were encouraged to be as independent as possible in preparing their own drinks and food.
- On the day of the inspection one person was proud to show us the apple crumble they had made the previous day.
- When people were at risk of not being able to eat their food safely, professionals, like the speech and

language therapists (SALT) were involved when people needed specialist input with their diet.

- People were supported and encouraged to plan their own menus and if they were able, supported to cook their own meals.

Adapting service, design, decoration to meet people's needs

- The service had enough space for people to spend time with others or to be on their own if they preferred.
- The service was homely and comfortable.
- There was an ongoing plan in place for redecoration.
- Bedrooms were personalised and decorated to each person's individual choice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- A relative told us the staff work very closely with health care professionals and with them to make sure their loved one was receiving all the health care that they needed.
- One relative had stated that the registered manager had 'fought hard' with the NHS to make sure their relative received specialist input.
- Each person had a hospital passport and a 'Keeping Healthy Plan.' This gave information and guidance about people's health needs.
- Staff used easy read formats to support and help people understand their health conditions and why they were attending medical appointments
- Staff identified changes in people's physical and mental health and referred them to the appropriate health care professionals, including specialist nurses and doctors.
- The registered manager and staff were aware about the importance of oral health for people. Staff supported people to ensure they had good oral hygiene.
- People had received specialist input to make sure their teeth and gums were as healthy as possible.
- Records of appointments and recommendations were recorded, and staff supported people to follow the specialist advice they had been given. People's medical and health conditions had improved.

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had completed training around MCA and understood their responsibilities regarding MCA and best interest decisions. When doing this they had consulted with relatives and with healthcare professionals.
- Whenever possible people had been supported to make decisions for themselves.
- Staff had a good understanding of people's communication needs and supported people to make

everyday decisions about the clothes they wore, what they ate and how they organised their day.

- On the day of the inspection one person had decided not to join the activity that had been organised. Their decision was respected, and they were offered alternative activities.
- The registered manager monitored DoLS applications to ensure they were submitted on time.
- Relatives said that they were always involved in decisions about their loved one's care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy in the company of staff. Many positive and respectful interactions were observed between staff and people during the inspection.
- A member of staff said, "I have not been happier in any other job. Any ideas that people or staff have we explore to see if they can be pursued."
- People were supported to maintain relationships that were important to them and visitors were welcome at any time.
- People were able to independently move around the service and were supported when required. People had choices about how and where they wanted to spend their time. People could go to their rooms when they wanted to, they could choose to join in activities.
- Relatives told us staff were kind and caring. One comment included, "The staff really care about [person's name], they always seem happy when I visit, and they are always happy to back to Cosy Lodge after they have been to visit us."
- Staff were trained and understood about equality and diversity.
- There was an equality and diversity policy in place to protect people and staff against discrimination.
- The provider and registered manager monitored staff engagement with people to ensure they were always kind and caring.

Supporting people to express their views and be involved in making decisions about their care

- Care and support plans emphasised people's choice and the support they required to make decisions about their support and the activities, they took part in.
- Staff used appropriate communication methods such as pictures and objects to support people to be involved in their care planning and reviews.
- People had also started to develop their own scrap books, where they chose photographs and favourite items to create a book of memories. The scrap books supported people to make choices on future decisions and take into review meetings to communicate what they have done.
- People and their relatives were involved in all decisions about their care and support. One relative said, "Staff keep me up to date about [person's name]. When I visit, staff always update me on how [person's name] has been and if they have any concerns."

Respecting and promoting people's privacy, dignity and independence.

- Staff made sure that people's right to privacy and dignity was respected and upheld.
- Staff supported people to remain independent. People were respectfully encouraged to do things for themselves to enhance their independent living skills.
- Some of the staff had worked at the service for many years. One member of staff said, "We have had a lot of new staff recently the ones who have been here a while are helping them get to know people and how they like things. It's a good place to work. We put the residents first."
- The registered manager and staff had introduced 'Life skills meetings' meetings for people. This gave people information in an easy to understand video format in areas such as fire safety and hand washing. This was helping people understand why they needed to carry out certain tasks in their home and keep it safer.
- Confidential information was stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised, individual care in that met their different needs. Care plans were detailed and set out people's needs, preferences and how staff should support them.
- Staff had a good understanding of people's lifestyle, likes and dislikes, preferences and needs.
- Care and support plans reflected people's choices, wishes, preferences, life aspirations and what was important to them.
- Positive behavioural support plans were in place which provided detailed information on how staff should support people when showing signs of distress and possible situations to avoid.
- Care and support plans showed people and their relatives were fully involved in planning their own support; where changes were needed people were supported with this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to a range of accessible information, specific to their needs. For example, people had access to documents in pictorial or easy read format.
- People had communication passports in pictorial formats which explained how people communicated when they were experiencing different feelings like happy, sad, angry, bored and hungry.
- Care plans had been designed in a way that was meaningful for people. People had regular care reviews where they were supported by family members.
- Some people had electronic devices to help them communicate and support them in their decision making.
- Staff were aware of how people preferred to communicate including people's non-verbal signs of communication.
- One relative told said, "The staff are very caring. They know exactly what [the person's name] wants from their moods and facial expressions."
- There was a range of information in an accessible format to support people using the service to raise concerns and share their feedback. This included pictorial and easy read complaints records
- One relative said, "I wouldn't hesitate to go and speak to [registered managers name] if I had anything I was concerned about. I have been worried about [person's name] medical condition but I am being kept up to

date on everything and know [registered manager] is working with health professionals. They are doing everything they can to support [person's name] and keeping an eye on them."

- Relatives told us that they were able to raise any concerns or complaints which were investigated, and actions were taken to resolve any issues.
- Any concerns raised had been investigated and when shortfalls were found, apologies had been given and actions identified. One relative told us that when they had raised a complaint the registered manager had dealt with it immediately to the satisfaction

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests, take part in activities that were appropriate to their needs.
- People had access a range of activities both in the service and the wider community to prevent isolation and support people to live an active and interesting life.
- A relative told us that their loved enjoyed a very busy life. They said, "[The person's name] is always doing something. The staff really try and find new things to do all the time."
- Everyone had the opportunity to attend local sessions to socialise with other people living in different services.
- People told us and indicated that they enjoy the activities they had chosen.
- Some people attended a disco each week organised by the provider at one of their centres.
- There were regular trips to places of interest in the local area. People had enjoyed a trip to a local castle. The registered manager had organised a yearly membership, so they could go there as often as they liked.
- People were supported and encourage to live as normal a life as possible. They regularly went to the local parks, cinema, bowling alley, golf course, swimming pools and horse-riding.
- There were trips further afield to football matches and sea side towns.
- People enjoyed eating out locally and had access to pubs, shops and the town centre.
- People had a yearly holiday in the U.K and some people had been supported to go abroad.
- Each year there was a 'house family party' when everyone got together with family and friends. they arrange a get together for their family and friends, they like to mix with the other parents.

End of life care and support

- No -one was receiving end of life support at the time of our inspection.
- The registered manager had recently completed and end of life training, so they would have more knowledge of how to support people at this time of their lives.
- End of life care plans were in place and recorded some of people's views and wishes. These were being further developed make sure all people's wishes were documented.
- The registered manager informed us that when required they would work with people, their relatives and other professionals to ensure the person experienced a comfortable, dignified death with their end of life wishes respected.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in post for almost one year. They had worked at the service for ten years and had worked 'their way up' to their present position.
- The registered manager knew people and their relatives well. They knew about all the aspects of the service.
- The registered manager consistently made people, staff and relatives aware of the care standards they expected. If any concerns or issues were identified the registered manager acted quickly to resolve them.
- Staff and relatives praised the registered manager for commitment, skills and attitude. A member of staff said, "The registered manager listens to us and our ideas. They support us to give the best possible care to people."
- A relative said, "The registered manager has worked hard to get the best for [person's name]. They keep us up to date on everything that is happening. We are reassured that [persons name] is getting everything they need."
- There was an open, positive and inclusive culture within the service which was demonstrated by the registered manager and the staff team.
- Staff promoted and empowered people to do as much as possible for themselves and provided high quality to enable people to fulling and active lives.
- People and staff were comfortable and relaxed with the registered manager. Staff said they could approach the registered manager at any time if they needed any help support or advice.

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

- When anything went wrong it was reported to the appropriate out-side agencies and the provider's senior management team. Action was taken to prevent re-occurrence.
- Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider used regular quality monitoring systems to check how the service was doing.

People benefitted from a service that was continuously trying to improve.

- The provider's senior management team undertook several audits to check on the care delivery as part of the provider's quality auditing system. These looked at a range of areas including care plans, medicines and health and safety. They observed staff and people interacting together. When shortfalls were identified there were clear timescales for improvements.
- The registered manager and the staff were committed to making life better for people who lived at Cosy Lodge.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths.
- The registered manager had notified CQC about all but one important event that had occurred. This had been an oversight. The registered manager took immediate action to address and informed the CQC retrospectively.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their inspection report and ratings in the reception area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us that they were kept fully informed of the care they were getting.
- The registered manager sought people's views and took action to improve their experiences. One person liked camping, so a tent had been set up in the garden so they could spend time there when they wanted to.
- There were regular staff meetings and 'residents' meetings where everyone could discuss and suggest ways to improve the service.
- The provider's quality assurance system included asking people, relatives and staff about their experience of the service. The questionnaires asked people what they thought of their care, the staff, the premises, the management and their daily living experience. The most recent surveys had been positive.
- People, relatives and staff could give their opinions about the service and share their views at any time.

Continuous learning and improving care

- The registered manager attended different forums and courses. They had recently completed a course in end of life care. They were passing this learning onto staff.
- The registered manager received regular support visits from the provider's locality manager and attended management meetings with managers from other services owned by the provider to share ideas and best practice.

Working in partnership with others

- Staff worked closely with a range of different professionals, authorities and charities.
- The registered manager kept up to date with changes in health and social care.
- The service worked with other agencies to provide people with joined up care.