

Voyage 1 Limited

Cosin Lodge

Inspection report

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2014
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 10th 11th November 2014. Cosin Lodge provides care and accommodation for up to four people. The home specialises in the care of people who have physical and learning disability needs. On the day of our inspection there were a total of four people using the service.

The home had a registered manager in place. 'A registered manager is a person who has registered with the Care Quality Commission 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.'

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner. One person told us, "I love living here, I feel very safe and I don't ever want to leave." Another said, "I like it here, the staff are nice to me."

Summary of findings

The six support staff we spoke with described the management of the home as open and approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager on duty.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

People said staff were 'good' and 'they are my friends.' On two recent surveys we saw two GPs reported that the service was "very good." One stated that the service was "five star, and that staff were very attentive, professional, caring and thorough." A behavioural practitioner said, "Cosin Lodge is one of the best homes I have ever visited." All staff are very friendly and caring towards the people they support. The management structure is effective and the communication between staff and our agency has been fantastic."

We saw people's care plans were very person centred and clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people who used the service to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans. For example, one person told us, "I help my key worker to keep mine up to date, and I am always the chairperson when I have my reviews."

We found the quality of care which people received in their last days was as important as the quality of life which they experienced prior to this. The operations manager who was present on the day of our inspection showed us the new end of life profile format about to be introduced. This meant all people's physical and emotional requirements would be addressed sensitively, their comfort and wellbeing attended to and their wishes respected. The manager told us that for two younger people who used the service their thoughts, wishes and beliefs regarding this subject had not been routinely addressed with them. The manager said the new format would make it easier to address this with them.

All staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

Staff had received training in how to recognise and report abuse. We spoke with four staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout both days we saw staff interacting with people in a very caring and professional way. We saw a member of staff supporting one person with their mobility chair. They were interacting happily and laughing together. We saw another member of staff offering to assist a person to go out for lunch. The staff were gentle and encouraging and the person happily agreed to their support.

We noted that throughout the day when staff offered support to people they always respected their wishes. For example, during breakfast, everyone was asked what they would like to eat and were offered various choices for people to choose from. We saw one person helped themselves to cereal and a drink.

People who were unable to verbally express their views looked happy and comfortable with the staff that supported them. We saw people smiling and happily engaging with staff when they were approached. One person embraced two members of staff before they left to attend a day centre; we saw the staff responded in a caring respectful way.

We saw activities were personalised for each person. People also made suggestions about activities and outings during monthly house meetings. Where necessary additional staff were provided to enable people to access community facilities appropriate to their ages and abilities.

All people received additional one to one support (agreed with the placing authority) for their health, personal care and support needs, this also enabled regular community support on a daily basis. On the day of our inspection, three people were escorted to go shopping and have lunch in Durham City using the service mini bus.

People received a wholesome and balanced diet in pleasant surroundings and at times convenient to them.

Summary of findings

We saw the provider had policies and procedures for dealing with medicines and these were adhered to.

The provider had an effective pictorial complaints procedure which people felt they were able to use.

We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was very clean and well maintained, and equipment used was regularly serviced.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

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?

People who lived at the home were safe because there were enough skilled and experienced staff to support them inside and outside the home.

Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

There were risk management procedures in place to minimise restrictions on people's freedom, choice and control.

There were robust checks in place to make sure that staff were appropriately recruited.

People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely

The standard of cleanliness and hygiene protected people against the risk of infections.

Good



Is the service effective?

We found people received effective care and support to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People could see health and social care professionals to make sure they received appropriate care and treatment when needed.

People's nutritional needs were met

Good



Is the service caring?

We found the service was caring. People were supported by caring staff who respected their privacy and dignity.

Staff spoke with people and supported them in a very caring, respectful and friendly manner.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

People were able to set their own goals about what they wanted to achieve whilst at the service. Regular meetings were held with staff to discuss people's progress and any additional support they required.

Outstanding



Is the service responsive?

The service was responsive. People were supported by very caring staff who respected their privacy and dignity.

Good



Summary of findings

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

External professionals involved with people's care said that staff were attentive and caring towards people who lived there.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure that was written in a clear format that made it easily understandable to everyone who lived at the home.

External professionals involved with people's care said that staff were attentive and caring towards people who lived there.

Is the service well-led?

The service was well led. The home had a registered manager who understood the responsibilities of their role.

People received care and support which was personalised to their wishes, preferences and responsive to their individual needs. The service was well led because the provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People who used the service, told us, "It's well run" and "they work hard".

Staff we spoke with told us the manager was approachable and they felt supported in their role.

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 checked whether the 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.

The inspection took place on 10th 11th November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector. The inspection also included a specialist advisor. This is a person who had professional experience of caring for someone who used this type of care service. Their area of expertise is with people with learning disability care needs.

Before we visited the home we checked the information that we held about this location and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 25 November 2013.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We also reviewed four people's care records, staff training and recruitment records, and records relating to the management of the service such as audits, surveys and policies.

We spoke with four people who used the service and six support staff. We also spoke with the registered manager and the service operations manager.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including social workers, healthwatch and commissioners of services. No concerns were raised by any of these professionals.

We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People's feedback about the safety of the service describes it as consistently good and that they felt safe

The provider had a zero tolerance policy and procedure in place regarding bullying and harassment. We spoke with three staff about this, one was the safeguarding champion. They said, "People were protected and safe because they worked together to protect them from, any form of bullying, harassment, harm and potential abuse." They told us they had all been trained to recognise and understand all types of abuse. They said they wouldn't hesitate to report any form of abuse, no matter how minor.

The provider had an open culture to help individuals to feel safe and supported to share any concerns in relation to their protection and safety. We saw there were policies and procedures regarding safeguarding people. All staff were aware of these and they provided them with information about what action that should be taken. We saw information was displayed with a list of organisations, names and contact numbers to report any allegations of abuse.

We saw from records when incidents occurred in the service the provider had referred details of the incidents to the Local Authority as part of the local Safeguarding procedures. Our records showed the provider equally informed CQC of incidents which had occurred which meant the service was able to demonstrate openness and transparency when discussing and reporting incidents with external bodies. This meant the service had systems in place to keep people safe by informing health professionals and others of what was happening in the home.

This was confirmed when we spoke with local authority representatives.

We found there was a culture of learning from incidents with an open approach. The manager managed incidents, accidents and safeguarding concerns which were promptly and where required, investigated thoroughly. For example, the garden gate recently had a secure lock fitted to avoid people absconding and keeping them safe. This was reflected in the DoLS applications.

The service had a proactive approach to respecting people's human rights and diversity and this prevented discrimination that may have led to psychological harm.

When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights. They regularly reviewed how they did this and worked with people, supporting them to manage their behaviour. They sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. They made sure people were referred for professional assessment at the earliest opportunity.

All staff understood what restraint was and alternatives to its use in any form were always looked at. For example the use of any equipment that may be used such as bedrails, keypads, recliner chairs, and wheelchair belts. In these situations, individual assessments were completed which involved the individual where possible, their representatives and any other professionals such as people's care manager, district nurse or GP. Staff only used these types of restraints when they had been trained to use them and when it was safe, agreed and appropriate.

We saw there were policies and procedures for managing risk and staff understood and consistently followed them to protect people. Restrictions were always minimised so that people felt safe regardless of their disability or other needs.

We found people who used the service received effective personal and health care support using a person centred approach. The service user guide sets out the competencies and specialisms the home offered and delivered by having a skilled, trained and knowledgeable staff team.

The home had an efficient medication policy supported by procedures linked to NICE guidelines, which staff understood and followed. When we checked the medication records, we found these were fully completed, contained required entries and were signed. We saw there were regular management audits to monitor safe practices. In addition we saw that the medicine records contained very detailed information about every medicine that had been prescribed for people.

This meant staff knew what each medicine was used for to treat people's conditions, how it worked and any potential side effects. Staff had received medication training and had been assessed as competent to handle record, administer and dispose of medicines properly.

People who used the service were encouraged to see the home as their own. It is a very well maintained bungalow,

Is the service safe?

homely, highly attractive, and had very good access to community facilities and services. It had a wide range of up to date specialist equipment and adaptations to meet the needs of people who used the service and promoted their independence. We saw these were regularly reviewed and serviced. The manager told us they had sought specialist advice to ensure effective use of all equipment used.

We saw staff were trained and competent in health care matters particularly in the care of one person who remained immobile for long periods of time. Staff had received training on health care topics including tissue viability and others that related to the health care needs of this person. The manager told us this person had recently spent time in hospital. To ensure continuity of care, they had arranged for a member of staff to stay with this person throughout the day during their stay.

The service was safe, this was because there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. There was an infection control champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection.

This staff member demonstrated excellent knowledge about infection control and its associated policies and

procedures. The manager showed us the various checks and audits that were carried out. For example, people's individual hoist slings were washed separately as were their wheelchair seat covers. People and visitors were supported by staff in understanding the need for good hand hygiene and how this was promoted in order to reduce the risk of infections. All areas had access to hand washing facilities including use of liquid soap and paper towels.

The service had a robust recruitment procedure in place that had the needs of people at its core. The service was highly selective, with the recruitment of the right person for the job this being more important than filling the vacancy. Two people who used the service were always part of the staff recruitment process. Others were always introduced to potential candidates, this allowed the manager to observe how people interacted and reacted to the person being interviewed and this helped to make sure the candidate was the right person for the job.

We saw there was always enough competent staff on duty that had the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. The service regularly reviewed staffing levels and adapted them to people's changing needs.

People who used the service told us they knew the staff team well, knew their names and were able to communicate with them freely and easily using their preferred method.

Is the service effective?

Our findings

People's feedback about the effectiveness of the service describes it as consistently good.

This service had a diverse staff team that had a good balance of skills, knowledge, and experience to meet the needs of people who used the service. We saw the manager prioritised training and facilitated staff members to undertake external qualifications beyond the basic statutory requirements. We saw the provider carried out internal developmental training, to compliment formal training as part of their ongoing training plan.

The staff team supported each other and shared their skills and knowledge with their colleagues. One staff member said, "Team work is very important to us and we want to get things right first time. We learn from each other which is a good thing."

The roles and responsibilities of staff were clearly defined and understood. Each member of staff had an accurate job description with clear specifications. When we spoke with other professionals associated with the home, they described staff as skilled in their role.

People who used the service were relaxed in the company of the staff, we saw they were able to communicate with them freely and easily. People who used the service consistently told us that they were having their needs met by staff that supported them well and in their preferred way. A member of staff described to us how one person did not verbally communicate when they first came to live at Cosin Lodge, but after a period of settlement, they had become vocal, and able to respond verbally to the staff, which we witnessed. For example, we heard this person telling staff how kind they were and what type of drink they preferred.

We saw staff communicating effectively with people, sometimes using signs and gestures that people understood. We saw staff had time to sit and talk with people as well as assisting people with their personal care needs without people having to wait.

The content of the staff induction and probationary period were seen to be robust, detailed and service specific. The service only confirmed permanent employment when they were satisfied with staff competence and their progress had been demonstrated against their high standards.

This meant that people had their needs met by appropriately trained and skilled staff that contributed to people experiencing a good quality of life.

The service kept up to date with new research, guidance and developments and had links with organisations that promoted and guided best practice and used this to train staff and helped them to drive improvement. The manager had downloaded a new guide on good practice in commissioning advocacy that is now available from the Social Care Institute for Excellence (SCIE). "Care Act: Commissioning independent advocacy" The manager said these were now promoted within the service and they had incorporated this guidance into the providers policies and procedures.

Individual supervision sessions took place regularly and staff told us they found them useful for their personal development. Appraisals were also used to develop and motivate staff and review their practice and behaviours.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured that people's human and legal rights were respected.

We saw that people were always asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw that people who used the service and their relatives and friends were informed of how to contact external advocates who could act in their best interests. The manager showed us how they had applied for a DoLS application for all four people who used the service. Three had been authorised and one was pending.

At breakfast time we saw staff provided people with the support they needed offering choices throughout. We saw staff had enough time to provide people with the support they needed. We saw staff encouraging and assisting one person to eat. This was done in a very discreet and sensitive way. We also saw people were allowed the time

Is the service effective?

they needed to finish their meal comfortably. Everyone we spoke with complimented the food. One person said, “The food is very good, I help with the food shopping every week.” People told us there were plenty of choices available and confirmed there was a different menu every day. We also saw that staff sat down and ate with people, this helped to create a pleasant homely mealtime experience for everyone.

We asked the nutritional champion member of staff how they made sure everyone was having enough to eat and drink. They told us, for one person who was assessed as at risk, they kept a record each day of what they had to eat and drink. They also described how they involved the community dietician and monitored this person’s daily

intake closely. For example, following a meal, they described how they supported this person to sit upright for 30 minutes following every meal to prevent any food residue in the mouth being swallowed into the lungs, as they were susceptible to aspirating. They also told us people’s weight was recorded weekly.

We looked at the care records for all four people. Each file contained a nutritional assessment called ‘malnutrition universal screening tool’ (MUST). We saw people’s nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders.



Is the service caring?

Our findings

One person using the service told us, "The staff are just like my family." We spoke with all four people who lived in the home about how staff treated and supported them. They told us the staff were kind and they liked living there.

Another person said, "This is my home and I never want to leave here, I feel safe."

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing people in the lounge and dining area throughout the day. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking respectfully and in a friendly manner. They chose words, and used signs and gestures that people understood and took time to listen and respond to them.

Staff told us they enjoyed their work and were positive about the support they received from the manager. Two staff told us they "loved their job."

We saw staff responded in a caring way to difficult situations. For example, when a person became agitated, we saw staff sitting with them and talking with them in a calm reassuring quiet way which helped to settle the person.

We saw the provider had a copy of British institute for Learning Disabilities (BILD Code of Practice) and other work that BILD had pioneered that had impacted on direct practice and also influenced people's thinking about the use of restrictive practices.

The manager told us people who used the service were fully supported to lead their lives, that embraced inclusion, being visible and part of the community, integrating into the wider mainstream provision, achieving health improvements and developing their life skills, education and leisure. For example, one person who used the service managed their own finances independently, including taking control of their accommodation fees. This person had been provided with a safety deposit box which they kept in their room.

The care plans were centred on the person as an individual. We saw that people's preferences and views were reflected, such as the name they preferred to be called and personal

care preferences such as, "I like to have a shower every day." We saw each person had a communication support plan which detailed their own specific way of communicating and how staff should support them in this. We saw staff effectively put this into practice when communicating and supporting people throughout the day. We saw that people were involved in all parts of its planning and delivery.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans.

People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, we saw people being supported to contribute to the menu planning and shopping list.

One person was supported to make their own breakfast. Another was prompted to lay and clean the dining table. They then jokingly told the inspector off for making a mess with some records he had placed on the table. This demonstrated that people who used the service were confident to voice their opinions freely.

We saw that people using the service were actively involved in the running of the home, including the recruitment of staff. For example, interview questions had been written based on the ideas expressed by people using the service.

The manager told us, kindness, respect, compassion, dignity in care and empowerment were the key principles on how the service recruited, trained and supported its staff. We saw there were robust systems in place to make sure that this was happening in practice.

People who used the service, those that matter to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff.

We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times.

We saw two people were given support when making decisions about their preferences for their end of life care.



Is the service caring?

For one person who was no longer at the service, they and staff had been supported by palliative care specialists. Specialist equipment had been provided as and when needed.

In addition, the service made sure that facilities and support were available for people, those who were important to them and staff before, during and after death.

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as consistently good.

We found people received consistent care, treatment and support that was person centred. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. We looked at four people's care records. We found each person's care, treatment and support was written in a plan that clearly described the interactions staff needed to take to make sure people's care was provided in the way they wanted.

We saw people were involved in developing their support plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. Key workers played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes.

We saw that people's care plans included photos, pictures and were written in plain language. All of these measures helped people to be in control of their lives, lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. We found the service had a 'can do' attitude, risks were managed positively to help people to lead the life they wanted. Any limitations on freedom and choice were always in the person's best interests and where appropriate the service had engaged specialists and other health professionals to justify the decisions which were made.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the service and in the wider community and actively encouraged people to maintain their hobbies and interests. We saw that the provider enabled people to achieve their goals, follow their interests and be fully integrated into community life and leisure activities. We saw people had a variety of options to choose from including swimming, pubs, restaurants, cinema annual holidays, and various

clubs and day care facilities. We found staff were proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links.

The provider promoted and maintained people's health and this ensured people had access to health and social care services to meet their personal assessed needs. For example, all people had access to specialist medical, nursing, dental, pharmaceutical, chiropody, therapeutic services and care from hospitals and community health services including hearing and sight tests, and appropriate aids according to their need. This contributed to people experiencing positive outcomes regarding their health.

We found the location and layout of the home to be suitable for the people who lived there. It is a single story building that is easily accessible, homely, safe, and very well maintained and designed specifically to meet the conditions of people who lived there. The home also had a sensory room that people could use whenever they wanted. We saw that there were no restrictions placed on people's movements inside the home, and people had access to a safe enclosed garden. Throughout the home there was specialist adaptive equipment in place and this promoted people's independence.

When we checked the staff training records, we found staff had the training and skills to support, engage and support people to be fully involved. These demonstrated that people were supported by staff that were competent and had the skills to assess and support people appropriately.

When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their care, health and social needs. The manager said they always involved relatives or advocates in decisions about the care provided. This was important as it helped to make sure that the views of people receiving care were known by all concerned, respected and acted on.

When people used or moved between different services this was properly planned. For example each person had a hospital passport completed that was unique to them. We saw people were involved in these decisions and their preferences and choices were recorded. This contributed to ensure people maintained continuity of care in the way that people wanted and preferred.

Is the service responsive?

We saw the provider used a range of ways for people to feedback their experience of the care they received and raise any issues or concerns they may have. We saw easy read and pictorial ways that helped people to express their feeling to raise concerns or make complaints. We saw from the records that we looked at that concerns and

complaints were always taken seriously, thoroughly investigated and responded to in good time. The service learned from mistakes and used complaints and concerns as an opportunity for learning. One person told us, "I don't have any concerns at the moment, whenever I do; I speak with my key worker or the manager."

Is the service well-led?

Our findings

The registered manager is qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider.

We saw there were arrangements in place to enable people who use the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service.

These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There was an annual development plan, based on systematic cycle of planning, action and review that reflected the outcomes for people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. We saw there was emphasis on consulting people about their health, personal care, interests and preferences.

The operations manager told us how the organisation had recently developed its own internal quality auditing system. This was based on following the same five key domains as CQC. They said, each home was awarded an overall score for each quarter of the year. In the records that we looked at, we saw Cosin Lodge had received a rating of 94% in their recent quarter year audit.

We saw the manager had commenced addressing those areas identified for improvement.

On two recent surveys we saw two GPs reported that the service was “very good.” One stated that the service was

“five star, and that staff were very attentive, professional, caring and thorough.” A behavioural practitioner said, “Cosin Lodge is one of the best homes I have ever visited. All staff are very friendly and caring towards people they support. The management structure is effective and the communication between staff and our agency has been fantastic.”

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and people’s human rights and put these into practice.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The manager said they strived for excellence through consultation, research and reflective practice.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, local health authorities, specialist professional organisations and other professionals. This showed us how the service sustained improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.