

Barchester Hellens Limited

Cossins House Care Home

Inspection report

1 Downside Road
Downside
Cobham
Surrey
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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

About the service

Cossins House is a residential care home providing personal care to up to 24 people. The service provides support to older people and those who live with dementia. At the time of our inspection there were 22 people using the service. Cossins House is a renovated property set in large grounds. People's bedrooms are on two floors, with communal areas on the ground floor.

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

Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. Medicines were managed safely. The home was clean and hygienic and staff maintained effective systems of infection prevention and control (IPC). The provider exercised safe recruitment practices.

Incidents had been reported to CQC and the local authority where necessary, which ensured that adverse events were investigated and lessons learned. Assessments had been carried out to identify any potential risks to people and measures put in place to mitigate these.

There were enough staff on each shift to keep people safe and meet their needs. People told us they did not have to wait when they needed support and did not feel rushed when staff provided their care. Staff received an induction when they started work and had access to the training they needed for their roles. Staff were expected to meet regularly with their managers for supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain good health and to access healthcare services when they needed them. They received person centred care, planned and reviewed to meet their individual needs.

People told us the home had a friendly atmosphere and said they got on well with the staff who supported them. We saw how staff engaged positively with the people they supported during our inspection and treated them with kindness and respect. People had opportunities to take part in a wide range of activities, which were planned to meet their needs and interests.

Communication amongst the staff team was effective, which helped ensure people received safe and effective care. Staff were well-supported by their managers and colleagues and felt valued for the work they did. Staff and managers had developed effective working relationships with other professionals involved in people's care and implemented any professional guidance effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 07 April 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 18 August 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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cossins House Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cossins House 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. Cossins House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one family member. We also spoke with four members of staff including the registered manager. We reviewed a range of records. This included six people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with eleven family members about the care their relatives received, as well as two healthcare professionals. We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff were confident in their knowledge of safeguarding and the process for reporting any concerns they had. They were able to describe the signs of potential abuse and the action they would take if they observed these.
- People told us they felt safe. One told us, "I feel very safe here. I know if I had any difficulty I know I would be looked after," and another said, "I have absolutely no concerns about my safety here, staff are very responsive to my bell and come quickly."
- A family member told us, "There is no doubt in my mind that [relative] is safe and secure here."
- Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of avoidable harm. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.
- The registered manager reviewed accidents and incidents and put actions in place to help minimise the chance of recurrence. We saw lessons learned were documented, for example, where a person was offered a food with potential to cause an allergic reaction. Guidance was put in place to mitigate further risk of this happening in the future and discussed at handovers and staff meetings.

Assessing risk, safety monitoring and management

- There were assessments in place which provided information for staff about people's risks and how best to support them. They included information about mobility, moving and handling, falls prevention and choking risks. These risks were assessed and reviewed regularly to promote people's on-going safety.
- Where risks were identified, measures had been put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone. We saw that people who used wheelchairs were supplied with a portable call bell to summon staff when they needed support.
- Staff understood people's individual risks, for example, one told us, "We have to be aware of people's risks every time we assist them. As soon as we feel there is an issue developing, it gets reported to the relevant specialist, for example the speech and language therapist."
- Health and safety checks were carried out which included environmental checks as well as checks of the equipment used to support people with their mobility.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People's needs were kept under review and influenced staffing levels within the home. We observed call bells were responded to in a timely manner by staff. One person said, "Staff are kept very busy, but this doesn't seem to affect how speedily they come when they are required." A family member told us, "Indeed, staff are available when needed, there are plenty of them

around all the time."

- One member of staff told us, "We make sure there are enough staff, we use a tool which informs us of how many staff we need. It is adjusted for increased needs and additional residents so that we always have enough staff on shift."
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and disposal of medicines. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the registered manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.
- There were protocols in place for 'as required' medicines, known as PRN medicines. These ensured PRN medicines were given in a safe way and when needed. The reason for administering, as well as impact of the medicines was recorded each time it was given.
- We observed medicine being administered. Staff were caring in their approach, providing an explanation as to the medicine, and took time to support the person to ensure all their medication had been taken before the medication administration record was signed.
- Staff involved in handling medicines had received training in the administration of medication and had their competency assessed.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance. Processes were in place to ensure people's safety when visiting during this time.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care was provided in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. The management team sought advice on practice from relevant healthcare professionals and implemented guidance where appropriate.
- People's needs were assessed before they moved to the home to ensure staff could provide their care. People and their relatives said they had been encouraged to contribute their views to the assessment process. One family member told us, "We were definitely involved in the initial assessment and they always keep us updated on the goings on." The assessments we reviewed addressed areas including medicines, mobility, health conditions, personal care and skin integrity.
- Each person had an oral healthcare assessment and staff support was recorded in people's records. A family member told us, "I understand that the dentist does come in which is an amazing service."

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. A member of staff told us, "The training is good, the trainer is very enthusiastic. What's great is we now are having lots of face to face training, rather than online." Another said, "The manual handling training is very intense, but without this, we could accidentally hurt people."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice.
- Staff, new to the service, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Staff were provided with opportunities to discuss their individual work and training needs. They had regular one to one meetings to enable them to raise any issues and share ideas. One member of staff told us, "We have a very supportive senior management [team]. I can be honest about any concerns I may have about my work and know that I will be supported to gain confidence in that area."

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

- People were provided with healthy meals and most told us they enjoyed what was provided. One person told us, "The food is very good here, all cooked from fresh and we get choice." A family member said, "[Relative] has told me that the meals are very nice and well presented." However, one person told us, "The

food is not great, but then again, food is a very personal subject."

- Staff were aware of any specific dietary requirements for people, for example, if people required a modified diet. We saw that these were clearly documented in their nutrition care plans and on display in the kitchen.
- People told us their food suggestions were gathered by the chef and were, for the most part, included in future menus.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to identify any concerns regarding weight loss or difficulties with swallowing.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. Lunchtime appeared relaxed and well managed. Staff were attentive to people's needs and people received their food in good time, including those who remained in their rooms.

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

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. When changes in condition were observed, staff supported people with access to relevant healthcare professionals.
- Care notes reflected regular contact with GP, physiotherapists, occupational therapists, dentists, district nurses and optician. Care plans included specific guidance about people's health care needs and this was shared with staff.
- A healthcare professional told us, "I have such a good relationship with the home. My advice never goes unheeded, and they always follow any guidance I give them. If they are uncertain about something, they will always ring for advice."
- Staff understood people's health conditions and how they affected them. One member of staff told us, "Whenever we have a new resident, everything gets handed over to us and we make observations, in case there are any changes or deterioration."

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

- The physical environment of the home was recently updated and improved. There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People's rooms were decorated with their personal belongings. One person told us, "I have got all my own things around me, I love it."
- However, we noted there was little in the way of signage around the home to support those living with dementia to locate their whereabouts in the home. We saw how one person needed to be constantly guided to the bathroom, which did not have any identifying feature on the door. The registered manager told us they would work with the provider to address this.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with the MCA. Assessments had been carried out to determine whether people had the mental capacity to make informed decisions about their care. If people lacked the capacity to make decisions about their care, the provider had involved professionals and representatives legally authorised to act on people's behalf to ensure decisions were made in their best interests. Applications for DoLS authorisations had been submitted to the local authority where necessary.
- Where people were subject to restrictions for their own safety, the least restrictive options were implemented. For example, if people were at risk of falling from their beds, measures such as low beds and sensor mats had been implemented rather than installing bedrails.
- Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this. One member of staff told us, "It is most important that we ask people's consent for everything we do." Another said, "I would never do anything without people agreeing first."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us they were well supported and cared for and that the home had a friendly, welcoming atmosphere. They said they had developed positive relationships with the staff who supported them. One person told us, "The whole aim of the staff team seems to be to make us happy; there is a joyous atmosphere here." Another said, "All the staff are very respectful to us all, they are so even tempered."
- A healthcare professional told us, "Cossins House is a very warm and welcoming home. All the staff are approachable and show they really care about their residents."
- We observed kind and caring interactions between staff and people. For example, when one person became distressed thinking about what the future held for them, a member of staff gently guided them to a quiet area, saying, "Don't worry about the future, none of us know what's around the corner, let's just think about today." This had an immediate reassuring effect on the person. One person told us how, "I have seen how kindly staff manage people who are confused."
- We observed that staff engaged positively with the people they supported and were attentive to people's needs. They took time to sit with people in the lounge, discussing the news of the day and engaging people in discussing their past life experiences.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views. One person told us, "I feel that I am part of the life here, that what I say matters." A family member said, "They treat [relative] as an individual; this is a fabulous place, what more could you want?"
- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices, including where people may not be so able to communicate verbally. Staff told us they referred to people's social history, gathered during their initial assessment to assist with this.
- Staff told us it mattered to them that people retained as much of their independence as possible. One said, "My personal way of working is to always ask people to talk me through how they want me to support them, especially with their personal care."
- People told us staff were respectful when supporting them and said they could have privacy when they wanted it. Staff were discreet when asking people if they needed support with personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests. People told us they contributed to the development of their care plans. One person told us, "I made a conscious decision that I could not live at home any longer. There were discussions with the manager, myself and my family too before the eventual move. They really wanted to get it right."
- A family member told us, "Staff really do understand [relative] and they tailor-make the care to suit their individual needs." Another said, "We seem to be always talking about adjusting and amending [relative's] care plan, it is a very live document."
- People's social history's and preferences were documented in their 'Getting to know me' record. For example, for one person, it was documented they liked to wear coloured socks, which we saw they were wearing on the inspection day. We also read that they wished to be sat looking out a window and where possible, staff ensured this was the case. A member of staff told us, "The 'Getting to know me' books are so important to initiate conversations with people."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had assessed and recorded any issues which may impact people's ability to communicate their needs and choices, such as cognition, memory retention, language and sensory needs. Individual communication plans had been developed to meet these needs where necessary. Information about the home, such as the service user guide and the complaints procedure, was available in accessible formats.

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

- There was a full and varied programme of activities which was based on people's individual needs and interests. The programme included gardening, baking, arts and crafts, quizzes and daily exercise. Visits from entertainers were also scheduled. There was a 'therapy' dog visiting on the inspection day. They spent time in the communal areas as well as with those in their rooms and their presence generated an obvious air of happiness in people.
- One person told us, "We are having a ball here," and a family member said, "[Relative] gets a chance to

partake in communal activities which are meaningful to them."

- The activities co-ordinator told us they designed the activities programme to reflect the needs and wishes of all the people living at the home, based on individual assessments. They evaluated the impact of activities each month in order to assess the suitability of particular events and their success in engaging people with differing needs.
- Care staff supported people to take part in activities. We observed how they encouraged people to join in but respected their decisions if they chose not to. We also saw people being supported to walk in the garden.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. People told us if they had any concerns, they would speak to staff directly. They complemented the registered manager as being able to sort out most minor issues, thus alleviating the need to raise a formal complaint. One family member told us, "We have not had a reason to complain, but we certainly know how to go about it."
- People were given a copy of the provider's complaints policy when they moved into the home. This contained clear information about how to raise any concerns and how they would be managed.

End of life care and support

- At the time of the inspection, no one was actively on the end of life care pathway receiving end of life support. However, people's end of life care wishes were documented as part of their 'Hopes and Concerns for the future' care plan as well as in their advance care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Systems and processes were in place to promote a positive culture and oversight. These included daily walk arounds of the home by the registered manager. Daily heads of department meetings took place which involved a representative from each team. For example, care staff, housekeeping, maintenance, catering and activity co-ordinator.
- Our observations and discussions with staff supported the commitment of staff to provide good quality care for people. Staff were attentive to people's needs; people were positive about the care provided. One person told us, "I couldn't wish for anything more of the staff, they are such a delight." Another said, "The manager in charge is very good. They have a good way about them."
- Family members were complimentary about the care provided, and the approach of care staff towards their relative and themselves. A family member told us, "The whole staff operates as one team which gels so well together."
- Staff told us they felt valued, one said, "I feel valued because my work is appreciated." Another told us, "[Registered manager] is a great manager, supporting us all the way. I can always talk to them and their presence is very important in the home."
- Policies and procedures were in place for the duty of candour, which requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology. The registered manager told us they never had to exercise their duty of candour responsibilities.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider had a variety of reviews and audits in place to continually monitor and review the quality and safety of the service on behalf of those who lived there.
- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the services they managed. One person told us, "I think the place is well run, there can be pressure, but they do their best. [Registered manager] will come in and talk to me about things."
- Services that provide health and social care to people are required to inform the Care Quality Commission

of important events that happen in the service. The registered manager had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.

- The provider had a senior management team which provided support, mentorship and oversight of the service, as well as producing a monthly governance report based on a senior management audit. Action plans were developed and kept under review to improve the service, and support was being provided to staff to enable them to perform their key roles and responsibilities well.

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

- The registered manager worked in partnership with families and health and social care professionals to provide the best possible care for people.

- Family members spoke positively about communication between them and the registered manager. One told us, "Communication is very professional, we get updates via email; during COVID, we got all the relevant changes and guidelines."

- People were invited to attend meetings at the home and their views were recorded. This included discussion around menus and activities, as well as updates from the provider.

- Staff told us they were given opportunities to give feedback and share their views in regular team meetings. One staff member said, "Cossins House is very well led, everyone knows what they need to do. This is down to [registered manager's] leadership, which is amazing."

- The registered manager told us, "I believe we have the right culture here which makes for good and safe care. I do my best to ensure staff feel cared for, this means they are able to give good care to our residents."