

Grandcross 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

This was an unannounced inspection that took place on 23 March 2016.

Cossins House Care Home is registered to provide accommodation for up to 24 older people. At the time of our visit, there were 21 people living at the home. The majority of the people who live at the home were independent but required some support from staff, in addition the home was able to offer care for people who required additional support. The home also provides end of life care. The accommodation is provided over two floors that were accessible by stairs and a lift. There are also three bungalows in the grounds of the service where people lived and were supported by staff.

There was a registered manager in post. 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.

People told us they were safe at the service. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There was sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The home had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

Staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were

involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken. End of life care for people was provided in a caring and respectful way.

People's needs were assessed when they entered the home and on a continuous basis to reflect changings in their needs.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the home had in place. There were a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

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.

There were enough staff at the home to support people's needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good ●

The service was effective.

People's care and support promoted their well-being in accordance with their needs. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good ●

The service was responsive.

The home was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Good ●

The service was well- led.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. The management and leadership of the home were described as good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

Cossins House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

We visited the home on 23 March 2016 and it was an unannounced inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

The inspection was conducted by three inspectors. We spoke to eight people living at the home, three relatives, nine members of staff, the deputy manager, the registered manager and the regional manager. We observed care and support in communal areas and, on invitation from the person who lived in them, looked at two of the cottages and two bedrooms. We looked at care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, three staff records, complaints records, policies and procedures and external and internal audits. After the inspection we spoke with one health care professional.

We last inspected on 9 June 2014 and found no concerns.

Is the service safe?

Our findings

People told us that they felt safe at the service. Comments included "I have nothing to worry about, I feel safe here", "and "There is always someone (staff) around if I need them" and "If I press my call button they (staff) are with me straight away." Relatives of people felt that their family members were safe. One relative said "I feel confident that (their family member) was safe, staff regularly check on them."

People and relatives felt that there were enough staff to meet their needs. Comments included "There are enough staff, I am never left waiting for long" and "The staff are very accessible" and "Staff regularly pop in to see how I am." During our inspection we observed that there were sufficient numbers of staff to keep people safe and to respond to their needs. We were told by the registered manager that four carers were required in the morning and afternoon and three at night. They told us that in addition to this two carers that lived at the service could be called upon to assist. They told us that they regularly reviewed the needs of people who lived there to ensure that there were enough staff. We reviewed the rotas and saw that there were always the correct numbers of staff on duty.

Staff understood about safeguarding people and knew what to do if they suspected any abuse. One member of staff told us "I would report directly to the manager and review the policy in the staff room." The service had a safeguarding policy for people and staff to refer to along with the most recent local authority multi-agency safeguarding policy. This provided staff with guidance about what to do in the event of suspected abuse. Staff told us they had received safeguarding training within the last year and this was confirmed with the training records.

Risks to people were managed safely and in accordance with their needs. Staff were knowledgeable about people's needs, and what to do to reduce the risk of harm. One member of staff said "I make sure that there are no obstacles in the way for people to trip up on, I make sure people can't harm themselves." Another member of staff told us "One person has bad sight, I make sure their surroundings are clear and there is good lighting." People's care plans contained evidence that risks to their safety had been assessed and measures put in place to minimise the risks. These included the risk of falls, choking and skin integrity. One person was at risk of developing a pressure sore and there was guidance to staff on how best care for this person. One relative told us "Everything that might be a risk (to their family member) had been eliminated from their bedroom."

People had access to specialist equipment such as wheelchairs, walking frames, hoists, specialist beds or bathing aids to use whilst having a bath or shower. We noted that communal areas, stairs and hall ways were free from obstacles which may present an environmental risk. One person told us that staff always ensured that their walking frame or walking stick was within their reach if they needed to use it.

Staff had information on how to support people in the event of an evacuation. Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had a personalised fire evacuation plan that was regularly reviewed by the registered manager. There was a detailed business contingency plan in place in the event of an emergency such as fire, adverse weather conditions, power cuts

or flooding and staff had knowledge of these plans. The provider had identified alternative locations which would be used if they had to be evacuated.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. All applicants completed an application with their full employment history. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work at the service, including criminal records checks and references. Staff files included a recent photograph and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with adults at risk. Staff confirmed that they were unable to start work at the service until these checks had been undertaken.

People's medicines were managed safely. People told us staff helped them to take their medicines at the right time and checked whether they required pain relief. Where people chose to manage their own medicines, we saw that staff had carried out a risk assessment to support people to do so safely.

Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Is the service effective?

Our findings

Relatives and people spoke highly of the staff. They felt that they were well trained and had sufficient support from the management to undertake their role well. One person told us that they felt care staff understood their health needs and knew how to support them to help keep them well. One health care professional told us that staff were conscientious and they staff were able to manage people's health well.

Staff were sufficiently qualified, skilled and experienced to meet people's needs. The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. Staff told us that they thought that the training had improved as there was now a lot more hands on training. One person had started to develop challenging behaviour, they said that although they were taking steps to support the person they had asked for additional training. The registered manager told us that this was being arranged. Another member of staff said "We have e-learning training in safeguarding, infection control, health and safety and we have had face-to-face training in fire safety, moving and handling and medicines. I think we get all the training we need but the face-to-face training is better than the e-learning. I have a better awareness of dementia since the face-to-face training we had from the Alzheimer's Society." All staff received mandatory training that included safeguarding adults, dementia awareness, moving and handling, health and safety, infection prevention and control and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. One member of staff said, "I do have one to ones with my manager, this helps me feel supported to do my job." Records we reviewed confirmed that monthly supervision and annual appraisals took place with staff to discuss issues and development needs. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

People told us that staff asked their consent to care. One person told us "Staff always ask me for my consent before they do anything." We saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines. Staff had received training around MCA 2005 and how they needed to put it into practice. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. Staff were able to describe MCA to us. One member of staff said "If someone doesn't have the capacity to make a decision we need to consider what is in their best interest."

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that the registered manager had completed and submitted DoLS applications in line with current

legislation to the local authority for people living at the home.

People were supported to have a balanced diet and were involved in choosing the menu. They said they enjoyed the food provided and could have alternatives to the menu if they wished. They said the cook visited them each day to ask what they wanted for lunch. They said the cook made great efforts to provide foods they enjoyed, for example obtaining an individual item for them if it was not available in the kitchen. One person told us "I was underweight when I first moved in and now I am back to my normal weight."

The provider had recently outsourced the catering service to a company specialising in delivering catering and nutrition management services to care services. People told us they thought the new catering arrangements had resulted in improvements to an already good service. The involvement of the new catering services provider had a number of benefits. For example the new provider had provided training for the cook in the preparation and presentation of texture modified diets. The nutritional value of all food products was recorded to enable staff to ensure people received a nutritionally balanced diet. The menu was changed quarterly to ensure it included produce in season. The new provider carried out monitoring visits to ensure the menu was being prepared correctly and that the quality of the food was good.

The cook was aware of people's individual dietary needs and preferences. This information was recorded in the kitchen. The cook spoke with people on a daily basis to hear their feedback about the food. We saw evidence that the cook carried out regular audits of food and premises safety. The kitchen had been awarded a 5* hygiene rating by the local authority at their last inspection in January 2015.

People's care plans demonstrated that their healthcare needs were monitored and addressed. One person told us that they liked to manage their own healthcare and that their GP visited them every six months to carry out a review of their health. Another person told us "If I feel ill they arrange a doctor, sometimes the same day." There was evidence that people saw healthcare professionals when they needed to and that any guidance put in place was included in their care plans. People were weighed regularly and any significant changes were reported to the person's GP.

Is the service caring?

Our findings

People and relatives were complimentary about how caring staff were. One person said "The staff are wonderful, the staff are more company than some of the residents." Another person said "The staff are warm and friendly and sensitive to you, they are like my family" whilst another said "They (staff) are all very good, they are all kind." One relative said "They look after (their family member) well, the care is exemplary." One health care professional told us that staff were always seen to be kind and caring towards people.

We observed staff were kind and caring. The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. We observed that one person became anxious during their lunch and staff re-assured the person discreetly and were able to calm them. We saw on another occasion one person went for a walk in the gardens and staff asked them if they wanted them to accompany them for some company. One relative told us that staff had put balloons up in their family member's bedroom when it was their birthday.

Staff told us that they enjoyed working at the service. One member of staff said "I love it here, I love working with people here." Another told us "We make sure we treat people as individuals, their rights and choices are so important, we try to accommodate what people want." Another member of staff said "Seeing people smile gives you the oomph to carry on" whilst another said "It's nice to come and work here. I'm very proud of the homely, calm feeling here that we have created. We are here for the residents and feel appreciated by them."

People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People told us that they were encouraged to bring things into the service that were important to them. Each room was homely and individual to the people who lived there.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was detailed information in care records that highlighted people's personal preferences so that staff would know what people needed from them. Information was recorded in people's plans about the way they would like their care. One person told us that they liked to have their own routine and we saw staff supported them with this.

We saw that staff treated people with dignity and respect. Personal care was provided in private and staff place a sign on people's doors telling people that care was being provided. One person told us "My clothes are beautifully laundered." They said that they could ask for a shower when they wanted. One person told us that they appreciated getting care from the same staff, they said "It's always the same (staff) and I know them by name." They told us how important this was to them. One relative told us that their family member was always treated with dignity and respect and that the personal care that their family member received was always good. Staff called people by their preferred names; we saw examples of this during the

inspection. One person had difficulty with their speech. They told us that staff understood them and gave them time to talk. They told us that any new staff were always introduced to them which they appreciated. Staff spoke to people in a respectful and friendly manner.

People and relatives where appropriate were involved in making decisions about their care. One relative told us "(Registered manager) and (deputy manager) have discussed (their family member's) care plan with me and them. They have been very sensitive in keeping (the family member) involved in discussions about their care." All the people we spoke with told us that they were involved in the planning of care and asked what they wanted.

Relatives and friends were encouraged to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs. We saw that religious services were held in the home and these were open to those who wished to attend.

People were supported at the end of their life to make decisions about what they wanted. Staff worked with the local hospice team to support the person to be pain free. Care plans included information around what people wanted at their end of life. The registered manager told us that all staff had been trained around the 'Gold Standards Framework' which gives training to all those providing end of life care to ensure better lives for people and recognised standards of care. One health care professional told us that the relationships with staff and people at their end of life were positive and that people were kept comfortable and treated with dignity. One relative of a person who had passed away at the home fed back to the registered manager in a letter 'The care lavished on (their family member) can only be described as extraordinary.'

Is the service responsive?

Our findings

There were positive examples of how staff knew and responded to people's needs. One relative told us "They have always been very responsive. They changed the flooring in her room and her chair when her needs changed. They are constantly reassessing her needs and they involve me in reviews. (The family member) has a care plan but it's flexible depending on how they are"

Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. For example, personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said "They always let me know if anything happens. I'm very happy with the communication."

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. The information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. The staff had up to date information relating to people's care needs. One member of staff told us although they recorded changes to people's care needs, it was equally important for them to verbally share information, which they did each day.

People confirmed that there was a range of activities for them to take part in if they wished to. One person told us "They (staff) come and tell me what activities are going on." Another person said "I know there are activities that go on. From time to time I join in. There was an event last week that was very good." One relative told us "They encourage (the family member) to attend the things they know they enjoy, like the Communion service. And they know (the family member) loves the piano players, so they make sure they bring them into the lounge for that."

We spoke to one of the activity co-ordinators at the service. They told us that they tried different things to see if people were interested. They said "I try gentle exercises, I read stories and read the newspaper with people, I book entertainment and we recently celebrated St Patrick's Day. For those that prefer to stay in their rooms I will go and spend time with them, I always make a note of who has been involved in what." We confirmed this from the records. We saw a weekly activity schedule which included one to ones with people, beauty therapy, quizzes, exercises and trips out.

People were made aware of the complaints system. One person said "If I've complained about anything, they've always put it right" whilst another told us "If I had a complaint I would go and see the manager." One relative told us "Staff are approachable and any concerns are dealt with immediately." People had their comments and complaints listened to and acted upon. We looked at the provider's complaints policy and procedure which was displayed at key points around the home. We saw that the last complaint was in August 2015 and that this had been responded to appropriately. Staff told us that they were aware of the

complaints policy and would support people to if they wanted to make a complaint. One member of staff said "We would refer them to someone senior but most of all we would listen to them."

Is the service well-led?

Our findings

People and relatives all told us they were happy with the management and running of the home. One relative said "We are always well informed about how (their family member is). They told us that the manager and deputy manager were always available. "I can speak to them anytime."

People confirmed they attended the residents and relatives meetings. People were involved in how the home was run. There were residents and relatives meetings for people to provide feedback about the care provided. We saw minutes of the meeting where people discussed issues regarding their home, staff, the people and environment they lived in, food and activities. We saw that people were informed that new carpets were due to be laid in the service and that additional domestic staff were going to be recruited. We found that this has been implemented.

People's feedback about how to improve the service was sought. Surveys were each April and an action plan was produced as a result. In April 2015 it had been identified that additional activities were needed and better quality meals were required. We saw from this inspection that this had been addressed.

We saw during the inspection that the registered manager had an open door policy, and actively encouraged people and staff to voice any concerns. The registered manager engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them.

Staff we spoke with told us that they were happy with the way the home was managed. Staff told us the registered manager provided good leadership for the home and led by example in their approach to caring for people. They said morale was good and that they worked well together as a team. One member of staff said, "There's a very good team spirit and [registered manager] is just part of the team. She helps out with the care and you can tell she loves doing it. She is very committed." Staff told us that the registered manager encouraged their contributions to team meetings and any ideas they had about improving the home. One member of staff told us "(The registered manager) has been amazing, I have felt very supported." Another member of staff said "(The registered manager) is very hands on."

Staff told us that they were able to approach their manager when they needed to. They told us that they felt supported by the staffing team as a whole. One told us "We look after each other; I get support from seniors and my team." Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff were able to contribute through staff meetings and supervisions. Staff told us that they were able to discuss the home and quality of care provided, training and people's care needs. Staff had a good understanding of the values of the home. One member of staff said "We are here to keep people happy, occupied and keep them smiling."

The provider had a system to manage and report incidents, accidents and safeguarding. Staff told us they would report concerns to the registered manager. We saw incidents had been raised and dealt with. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further

incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken. We did raise with the registered manager that more detail around the recording of incidents was needed and additional training was arranged for staff.

People's care and welfare were monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its delivery of care. Various audits were carried out such as health and safety, medicines, room maintenance, housekeeping and care plans. The regional manager also undertook a quality assurance checks monthly and actions plans were produced as a result. We saw that records and been updated and stored more efficiently as a result of a quality assurance check.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely. □