

Acegold Limited

Cossins House Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 27 June 2017 and was unannounced.

Cossins House Care Home is registered to provide the regulated activity of accommodation for persons who require personal care to a maximum of 24 people.

A registered manager was 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.

The service provided outstanding end of life care. People were cared for by attentive staff, led by an experienced and compassionate registered manager and were supported by palliative care specialists. Staff ensured people had their final wishes met in relation to spending their final days at Cossins House in a peaceful and tranquil setting. Services and equipment were provided as and when needed. This ensured that people experienced a comfortable and dignified pain free end of life care.

Staff were especially compassionate and people and their relatives were extremely complimentary about the care they received. Relatives especially told us that they felt their family members were truly loved and cared for by all the staff.

People and their relatives told us they felt the home was safe. They told us that staff were kind and they had no concerns about being safe. Staff had received training in relation to safeguarding and were aware of the processes to be followed when reporting suspected or actual abuse. The provider had carried out appropriate recruitment checks so as to ensure that only suitable staff worked with people at the home. Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required. Risks to people had been identified and documentation had been written to help people maintain their independence whilst any known hazards were minimised to prevent harm.

There was sufficient staff on duty at all times to ensure that people's assessed needs could be met. Staff had a good understanding about people's life histories, their preferences and how to attend to the needs of people.

Staff had received training, supervisions and annual appraisals that helped them to perform their duties. Staff had received all the mandatory training required and other training that enabled them to provide effective care to people.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of

Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. The registered manager logged any accidents and incidents that occurred and discussed these with staff so lessons could be learnt to help prevent a repeat of these.

Staff supported people to eat a range of freshly prepared foods. People with specific dietary requirements were provided with appropriate food. People had access to all external healthcare professionals and their involvement was sought by staff when appropriate to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms, could freely access all communal areas of the home and their personal care needs were attended to in private. People took part in a variety of activities that interested them. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People and their relatives were involved in the reviewing of their care.

A complaints procedure was available for any concerns. This was displayed at the service. No complaints had been received, but the registered manager and staff had received manner letters complimenting them on the care they provide to people.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff. People, relatives and associated professionals had been asked for their views about the care provided and how the home was run. Regular resident and relatives and staff meetings took place.

The registered manager had achieved accreditation from the Gold Standard Framework and was an ambassador for them. The registered manager worked alongside other external agencies to promote end of life care within the care sector. Representatives from other care services had visited the home to learn more about end of life care from the registered manager.

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.

Staff were knowledgeable about the process to be followed if they suspected or witnessed abuse.

There were sufficient staff deployed at the home to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed, stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly to receive one to one support.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved in choosing the food they ate and alternative meals were provided.

People had involvement from healthcare professionals as and when required and staff to supported people to remain healthy.

Is the service caring?

Outstanding ☆

The service was caring.

People received excellent end of life care that ensured their final days were peaceful and dignified.

Staff respected people's privacy and dignity and made them feel that they mattered.

Staff were very caring, kind and supportive people to be independent.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were written with people and their relatives.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service was well-led.

The registered manager worked closely with external agencies to promote good outcomes for people.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the service.

There was a registered manager in post and a staff structure where everyone was aware of their roles. The registered manager led by example and promoted and respected people's end of life wishes.

Staff felt supported by the registered manager who had an open door policy.

The provider sought the views of people, relatives and staff about how the home should be run.

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.

This inspection took place on 27 June 2017 and was unannounced. The inspection was undertaken by two inspectors 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We did not ask the provider to complete 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.

As part of the inspection we spoke with five people, four members of staff, two relatives, the registered manager and the regional manager. We received written feedback from six relatives after the inspection visit. We looked at a range of records about people's care and how this was managed. We looked at three care plans, six medicine administration records, risk assessments, accident and incident records, complaints records, and five recruitment records, a selection of policies and internal and external audits that had been completed.

This was the first inspection since the service had registered with the Care Quality Commission.

Is the service safe?

Our findings

People felt safe living at the home. People told us they had never been mistreated whilst they had been living at Cossins House. One person told us, "I feel very much at home here, I know it and trust it. I feel safe here." Another person told us, "What I like is that there's someone here at night time, it makes me feel safe." Relatives were complimentary about how staff ensured the safety of their family members. One relative told us, "My [family member] has never been mistreated. They have been treated with so much care and respect. My [family member] is incredibly safe living here, I never had a moment to worry about her." Another relative told us, "During the recent heat wave they [staff] took extra action and closed the curtains, increased [family member] hydration and gave out ice cream to everyone and they checked the temperature of her room every hour."

People were safe because staff had the knowledge and confidence to identify safeguarding concerns and told us they would act on these to keep people safe. Staff knew the reporting procedures to follow if they had witnessed or suspected abuse, and the external agencies that could be contacted. For example, the police and the local authority safeguarding team. Staff told us that they had regular training in relation to safeguarding and this had included whistleblowing. Staff told us and they would not hesitate to report any poor practice to the registered manager in line with the whistleblowing policy but they had not needed to do this to date.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Care plans contained risk assessments and included risks in relation to mobility, falls, nutrition and pressure care. Risk assessments provided guidance to staff on the actions to take to minimise the risk. For example, one person had a risk assessment for the prevention of pressure sores. This provided guidance in relation to the air mattress setting, use of low level bed and turning charts. Records of these had been maintained to ensure the person was supported in a way that had prevented them from attaining a pressure sore. Staff knew what the risks were to people and the appropriate actions to take to protect people. One member of staff told us, "We make sure people at high risk of falls are monitored, when in the lounge we make sure staff are present. We ensure the rooms are clutter free and follow the risk assessments in the care plans."

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. The registered manager maintained records of actions taken. For example, staff had noticed one person had blood in their urine which was indicative of a urinary tract infection (UTI). Records showed that they had been treated accordingly, an investigation had been completed and no further action was required. Staff told us that accidents and incidents were discussed during staff meetings. This helped them to minimise the risk of repeated accidents.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. Staff told us there were enough staff to meet people's needs. A staff member told us, "Absolutely we have enough staff, 100%. We don't use agency, we have permanent staff and permanent bank." One person told us, "I haven't found any shortages of staff. The staff team are pretty stable here and I see the same staff on a regular basis which is very good. The level of staff is enough for what I need."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had obtained appropriate records as required to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS). Staff told us that their recruitment was thorough and confirmed that they had to submit all the documents as required.

Medicines were administered, recorded and stored safely. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. They also included the contact details of the person's prescribing GP. People received their medicines when required and as they were prescribed by their GP. People told us they always received their medicines on time and they knew what their medicines were for. One person told us, "My medication is taken care of three times a day; it comes regularly, on time." Another person told us that they self-medicated. This person had a risk assessment in place for this and they understood when and how to take their medicines.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a personal emergency evacuation procedure (PEEPs). These provided staff the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home. There was an emergency procedure at the home that provided guidance to staff on what to do if the home became unusable due to power, gas failure, fire or floods. It included the emergency contact details of the provider, external services that could be required and the details of where people could be evacuated to. Staff were aware of the procedures to be followed.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they believed staff were skilled to meet people's needs. Comments included: "They appear to be competent enough. The staff seem very happy and willing," and "They are experienced and very skilled in everything, moving my [family member], feeding, hygiene, laundry, it's a very quick turnaround and my [family member] is beautifully presented." "My X has been at Cossins for 8 years now and has received safe, effective care and treatment throughout."

People were supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. One member of staff told us, "We have loads of training here; I have just had moving and handling training and we had to complete a workbook as well as practical training. I have done medicines, dementia and pressure ulcers. The manager always asks if we want to do more training." Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed all the mandatory training which included safeguarding, fire safety and infection control. Training records maintained at the home confirmed that staff received regular training to help them meet people's assessed needs.

People were supported by staff who had supervisions (one to one meeting) and an annual appraisal of their work with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I get one to ones and appraisals with the manager. We talk about what I need, and what I can do for the residents, we talk about them first before me." Records of supervision and annual appraisals were maintained at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were knowledgeable about the MCA and the processes to be followed. They were aware that they had to assume that people had the capacity to make their own decisions unless it was otherwise proven. One member of staff told us, "It's about if a person is able to decide for herself, if they have capacity to decide regarding things for herself. If no capacity we assess and we look at their best interests." Another member of staff told us, "it's about respecting their choices, if they can't make the choice we have to do a best interests meeting. The residents choice is fundamental here, they choose the time and place they have food, their medicines." Staff told us they always obtained people's consent before they undertook any tasks for them,

they would never do anything without obtaining people's consent. Staff told us, and records confirmed that they had received training in relation to the MCA and DoLS.

MCA assessments had been complete for people and the registered manager had followed the correct procedures when completing a DoLS application. Records of these were maintained in people's care records.

People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes and dislikes. The chef was aware of people's preferences. For example, the chef told us, "X [person] likes cheese sandwiches and poached eggs. These are not on the menu, but we make them for this person. Y [person] is a high diabetic, so not eating much. So I ask them daily what they want and buy this on my way to work." People were complimentary about the food and the choices offered. One person told us, "The food is very good you definitely get your 5 a day. The vegetables are well cooked and fresh. There is a lot of meat." Another person told us, "If I don't like anything on the menu I tell them and they give me something else." Specialist diets were catered for and the chef had a list of these in the kitchen. The chef told us, "Some people are on a soft diet, such as the person in room X. We give extra gravy to make it more liquid and soft. The GP sends the paperwork and we follow these instructions." People were able to choose where they wanted to eat their meals. Lunch time was relaxed and unhurried with members of staff available to provide support as and when required. Tables were nicely laid out and menus were displayed on the tables and on the noticeboard. Three people sat at the dining table having their lunch, they talked to each other about the food and had a general chat about life in general.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. A visiting healthcare professional told us, "I think they are brilliant, one of the best homes I visit. They are friendly and welcoming, the residents never complain to me." People told us they had access to all healthcare professionals when they need them. A relative told us, "[Family member] has been in her bed all day every day pretty much now for a year and there is no trace of a bed sore. Her skin is wonderful." Another relative told us, "When necessary, they have called in the GP or paramedics [for my family member] and kept me fully informed of progress. He was given a "rise and fall" bed to help with his chest problems, and they are aware of his state of health, both physically and mentally. They are also aware that he has a DNR request, and understand his feelings for end of life care."

Is the service caring?

Our findings

The home provided excellent end of life care and people experienced a comfortable, dignified and pain free death. People were cared for by staff who were very compassionate, understanding, enabling and who had distinctive skills in this aspect of care. People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment was provided as and when needed. The home was accredited to the Gold Standard Framework and provided training to staff in relation to end of life care. Relatives and a healthcare professional were extremely complimentary about the end of life care provided. A healthcare professional told us, "I think they [staff] are brilliant, one of the best homes I visit because they do end of life care really well." The registered manager told us that end of life care plans were implemented when required. Care plans used a colour coded system that identified the need for each person at a specific time. They included details of the palliative nurses from the local hospice and the medicines to be used.

People valued their relationships with the staff team and felt that they often go 'the extra mile' for them. As a result they felt really cared for and that they mattered. The registered manager was passionate about the importance of ensuring that people in their final days receive the excellent care they deserved. Staff told us that they provide people with their favourite flowers in their bedrooms and played their favourite music in the background. People, relatives and staff praised the registered manager because she was prepared to give her own time when providing end of life care to people. The regional manager told us that the registered manager come to the home at 2:00 and 4:00 am and stayed with a person throughout the remainder of the night to ensure the death was peaceful and tranquil.

The registered manager had received letters from relatives complimenting her about the care she and her staff had provided to their family member during their final days at Cossins House. The letter stated, "The care that you and all your staff gave [family member] was exemplary and words fail me. The music she loved was playing and all the flowers perfumed her room and were of a great comfort to us too, she was more peaceful than I had seen her in weeks. I do not think that she was left alone until she passed away. Observing you I learnt so much that I wish I had known when caring for my own parent's years ago." Another relative told us that their family member was in hospital, but they had specifically stated to hospital staff and the GP that they wanted to end their life at Cossins House. This was not being respected by hospital staff. The relative informed that it was the direct insistence of the registered manager that their family member returned to the home to pass away in a respectful and peaceful way and with dignity. The relative stated in a letter, "It was the 'magic' touch of the manager that enabled X to return to the home. From the moment I told X her body relaxed. We were greeted by so many staff welcoming her as we came through the door and this must have made her feel loved and really at home. When I visited Cossins the next morning I couldn't believe how much better she looked, not only because of the wonderful care you always give your residents, but the tranquil sense of peace that surrounded her."

We had very positive feedback from people and relatives about the outstanding caring nature of the registered manager and staff. People and their relatives were extremely complimentary about how well the staff and the registered manager cared for them. One person told us, "They [staff] can't do enough for me,

you have no idea, they're wonderful. They spoil me completely." Another person told us, "I found it very strange and very hard to begin with, but I've settled now. They helped me settle and I feel welcome. Everybody has been so kind. I'm well looked after. What I like is how cheerful they are." A relative told us, "I've been here a lot, I come most days to feed X, that's my choice, and I have witnessed the respect and love that goes into the care. The staff are so kind and caring. X needs a lot of care and they sing hymns to her and put on Songs of Praise on a Sunday for her."

The home supported people who were on end of life care to achieve "Wishing Wells" as part of a Magic Moments activities programme. The concept of Wishing Wells means that people are supported to experience activities or events that they had long wanted to do, such as going out into the garden or visiting a place that had special meaning for the individual person. One person had a wish to visit Hampton Court. A care plan was discussed with the person and small steps had been planned so they could visit their place of interest. The person's relative wrote to the registered manager to thank her and the staff for enable their family member to achieve this wish.

People were supported to be involved in their care as much as possible. Relatives told us they had been involved in the care of their family member. One relative told us, "I was involved when it came time to switch my [family member] off of taking tablets like her Warfarin because she couldn't swallow them anymore. The home involved the doctor and the hospice and in the end X just has dissolved aspirin." People had been consulted about how they liked their care undertaken and what mattered to them. One person told us, "I'm a typical old person. I'd much rather do things for myself if I could but I'm too old. I've never learnt to take orders I'm afraid. I know they are responsible for me. They said I couldn't shower on my own, but I put my foot down and so I now do. They said they'd feed me my pills and I said I'd do it on my own and they conceded on that. I've asked for fresh fruit and they've given it to me."

Staff were highly motivated and inspired to offer care that was kind and compassionate. Staff called people by their preferred names, as recorded in their care plans, and the interaction was relaxed and unhurried. Staff were interacting with people in a caring and respectful manner and were very enthusiastic in their work. They spoke passionately about people and greeted every person they met with a broad smile and chit chat. Conversations were polite and humorous and staff always waited for people to respond to any questions they asked. For example, staff asked one person, "Can I help you?" and waited for the person to give their consent to be helped. Staff were assisting people throughout the day. One member of staff was helping a person to drink; she was patient and chatted with the person in-between sips. The person told us, "I don't drink enough water and they keep a jug of water beside me and tell me I have to drink two of them a day. The other day, I couldn't eat my dinner and as the day went on I got worse. I got tightness in my chest and felt hot. What with my age and not drinking enough I had to have some water tablets from the doctor. They were marvellous. My family live in France, but they still called my daughter and told her."

People's dignity was respected by staff. People told us that staff always respected their privacy and dignity. They told us that their needs were attended to in private. One person told us, "I have help with the shower, that's all. Staff treat me with respect and dignity. They are quite courteous, no problem in that respect. They knock when they come to the door and then come in." Another person told us, "They're great at maintaining privacy and dignity." We observed staff knocking on bedroom doors before entering and closing doors when they attended to the personal care needs of people.

People's independence was promoted by staff. One person told us, "I think they've got it right for me, at least what I consider right. I think it is right that they want to interfere more than I want them to; they manage my difficultness very well. I dare say when I get worse I will appreciate what they do more. They care for me, as much as I will let them." One member of staff told us, "We see what the person can do for

themselves, such as if they can wash themselves, we ask them to do it themselves; we always ask what they want us to do." People were able to access all communal parts of the home independently, however, staff were close by to offer support as and when required.

Staff demonstrated a good knowledge of how to provide support to people. Staff were knowledgeable about how to provide support to people. One member of staff told us, "We look at the care plans, go through their history and their day to day needs, We initially get the information from the person, their family and friends, but we discover more when they are here because we get time to talk to them." The regional manager took time to talk with people during their visit. We noted the regional manager walked with a person, holding their hand talking about lunch. They complimented the person on their clothing. They asked the person if they needed help with sitting at the dining table, the person said, "No I can do that myself."

Staff and management were ensured that there was a strong visible person centred culture at the home. Staff used innovative ways to ensure that people were able to have contact and communicate with people who matter them. Staff enabled people to keep in touch with their family and relatives. One relative told us, "I'm on WhatsApp with some of the girls and they take pictures of her laughing or in the garden when I'm not here. It's so heart-warming." People and relatives told us they could visit the home at any time, there were no restrictions. The provider had purchased an iPad which staff used to capture magic moments and posted these to relatives. The iPad also enabled people to maintain communication and relationships with people outside the home. One relative informed us, "I live in X so it is very important for my [family member] to be able to keep in touch with me via phone and Skype. Skype is particularly helpful as she can then put my face to the voice and make all the connections which are getting more and more difficult for her to do. The care team at Cossins have always helped to facilitate this for my [family member] and we are both very grateful for that. As I can't manage to come down and see her often as we would both like, being able to see her happy face in her new home is very reassuring for me and it helps to remind [family member] of where I live, seeing our kitchen and garden and the dogs of course ! When I was at Cossins on Sunday I noticed quite a difference in her memory. All totally understandable at the ripe old age of 99 years I know, but keeping in touch via phone and Skype can only be a plus in helping her to remember."

Is the service responsive?

Our findings

People and their relatives told us there were activities for them to join in with if they chose to and we found this was the case. One person told us, "I'm a pretty solitary person. I don't rely on other people for my entertainment. They do quizzes and there are entertainers, songs, dance and BBQs in the warm weather." A relative told us, "The home puts on quizzes, singers, entertainers and there used to be a pianist, but she's not coming anymore and I think they are trying to find a replacement. The TV is used only for movies or for something special that a resident would like to watch like the tennis or snooker. Mostly the staff encourage talks about current affairs, do arm chair exercises and walks around the garden. The carers take the residents outside very diligently. They have to play it by ear because of the age of the residents and what people want to do."

The registered manager told us they had just recruited a new activity coordinator but were waiting for the final part of the recruitment process to be completed before they commenced their employment at the home. There were pictures of people taking part in activities displayed at the home. A vicar had visited to provide a service and communion to people who wished to partake. They told us that they visited the home every two weeks. As part of activities the provider had purchased an Echo for use by people and staff were in the process of developing individual playlists for people with their choice of music. The 'Echo' is a type of music system that is voice controlled and will play music people choose. It can also be used to answer questions, read audio books to a person and provides up to date news.

People told us they were aware of their care plans and they had assessment undertaken before they moved into the home. One person told us, "I was interviewed by three people before I came in and they did a good, adequate job of it." Staff told us that people were involved with their care plans. One staff member told us, "When we do the care plan we go through it with them. We review the care plans monthly with them." This was confirmed during discussions with people. One person told us, "The manager sees me and we go through my care plan and it gets updated." One relative told us, "I was involved in the care plan when it came time to take [family member] off her Warfarin because she couldn't swallow them anymore. The home involved the doctor and the hospice and in the end mum just has dissolved aspirin." Care plans had been reviewed on monthly basis.

Care plans were personalised and detailed daily routines specific to each person. The examples seen were thorough and reflected people's needs and choices. Care plans included information about people's preferences and interests, their likes, dislikes and the contact details of family and people that were important to them. Guidance about how people preferred their care needs met was recorded for staff to follow. For example, one person's care plan stated they were cared for in bed and preferred to have a wash in bed in the morning with the support of two members of staff. Staff and the person's relative confirmed that this took place as recorded in the care plan. Other information included communication, medication, sleep and how the person preferred their personal care needs to be attended to.

Complaints and concerns were taken seriously. There was a complaints procedure available to people, relatives and visitors and this was displayed at the home. People told us, "I've no problems whatsoever,

never have. I had a problem with the TV once and they responded very promptly. I don't hear of complaints or issues. I think they try very hard. I can't think of anything to complain about." A relative told us, "If we had a concern the door is always open and the issue is actioned straight away. I'd be very comfortable going to senior management with whatever concern I had. I can't think of any particular thing I have had." Staff were aware of what to do if a person or visitor wished to make a complaint. One member of staff told us, "I would ask them to write it or raise it with the manager. I'm not aware of any complaints at the moment." No complaints had been received at the home.

Is the service well-led?

Our findings

People and relatives told us that the home was excellent with very good staff. One person told us, "The manager and staff are always here and they listen to what you have to say." Comments from people and their relatives included, "It's very well led here. It's a great team that works well together. Nothing is too much bother. "All the staff go over and beyond what's expected. The maintenance man had an idea for a book of seasons and he, the activities coordinator and the residents created a beautiful book of the whole year. He brings plant cuttings to the residents and talks to them about it. He often spends time chatting to them." "The manager's door is always open and staff are always available if I have ever needed to chat." "The continuity of the staff, the fact that all the staff have been here years. They are a happy team, which makes happy residents. It's a small home so staff are able to spend time with the residents. They are always doing something with the residents, they are very caring and involve the people, not leaving them doing nothing all day." "At the family gatherings at Cossins (eg Christmas party, summer fete, charity coffee mornings) it is obvious how much the staff care for all the residents, encouraging them to dance and sing in what is a lovely atmosphere and both my [family member] and I feel very lucky that he is here"

The way the manager works with other professionals to ensure the best end of life care practices and to share those with others is an outstanding feature of the service. The registered manager had worked with other external organisations to ensure that they were following current practice and providing a high quality service. The registered manager had successfully undertaken training with the Gold Standard Framework (GSF) and become an ambassador for them. This had enabled the staff at the home, working with other external agencies, to provide excellent end of life care to people. The registered manager had been held as an example of how end of life care is delivered by herself and staff at Cossins House. Other care services had been advised by the GSF, other healthcare professionals and the quality care home lead for Surrey to contact the registered manager and visit the home to see how they provided end of life care to people. In her role as an ambassador for the GSF, the registered manager submitted a letter to the Parliamentary Under Secretary of State (Public and Innovation) to enquire what action the government was taking to improve end of life care and whether it could support the introduction of the GSF on a national basis. They had been invited to the House of Commons in the capacity as an ambassador and they explained what the GSF was about and how it was implemented. As their part of the role of Ambassador the registered manager worked in partnership with the Princess Alice Trust to promote the GSF end of life care to local health bodies such as CHS and NHS and other care services to ensure that their practice is updated and reflects current best practice guidelines.

The registered manager had received commendations from local councillors for the standard of care delivered at Cossins House. The registered manager is a strong believer that if a person had requested to stay at Cossins House in their final days then this is what had to happen. They had on one occasion successfully challenged a GP and hospital and ensure that a person's request was granted and the person moved from hospital to the home.

The provider had recognised the leadership skills of the registered manager and had nominated her for various awards because of her outstanding leadership and commitment to both people and staff. They were

in recognition of the way she worked within Brighter care (the provider) values, one of which was 'do it from the heart.' The registered manager was very committed to her work and staff told us that she was always present at the home. We observed people were greeted by the registered manager and she spent time talking to each person. During discussions it was very clear that the registered manager was very knowledgeable about every person and their needs. Staff at the home had been recognised for their outstanding compassion through winning a nationwide Recognition of Caring and Kindness award (ROCK). This award honours the impact staff have on people living in a care home. People and their relatives nominated staff because they had witnessed demonstrations of excellent standards of care and kindness in their role.

The provider stated that the manager's outstanding leadership was evidenced by the very low turnover of the staff team, which was running at 0% to date. In turn, this impacted hugely on the ability of the team to deliver outstanding care. The staff and manager work with local health bodies to ensure that their practice is updated and reflects current best practice guidelines.

People received care and treatment from a home that was managed well and where each member of staff understood their roles. There was a management structure in place that included the registered manager, deputy manager, senior carers and carers.

The registered manager was a role model. Staff were very complimentary about the registered manager and how proactive she was. They told us that the registered manager was always at the home and would stay and act above and beyond her call of duty. Staff stated the manager was very supportive and always had an open door. Staff and people were able to go into the office during our visit and talk with the registered manager at any time; they did not have to knock on the door. One member of staff told us, "I think we are really well led, and work well together as a team. The manager breaths down our necks, to make sure everything is done right. The manager is quite brilliant, she makes sure we fully understand things, she has so much experience and makes sure we provide the care to the best of our abilities." Other comments from staff included, "The manager really understands and supports us; she is a really nice lady. She really steps up," and "The manager is always on our back (laughed) making sure things are done right. She is very hands on, always there when we need her. She is nice, we can talk to her she is not intimidating."

People and their relatives were encouraged to be involved in the running of the service and their feedback was sought through regular resident and relatives meetings. People and relatives told us that they could make suggestions about how the home was run. Records maintained at the home confirmed this. Topics discussed at these meetings included activities and the newly appointed activity person, health investor awards and an update on acquiring a minibus for external outings.

Staff confirmed that they were involved in how the home was run. They told us they had regular staff meetings and daily handover meetings. One member of staff told us, "We talk about clinical things in our meetings, about everyone's care needs. We can give ideas and suggestions, or talk about any concerns we have." Minutes of residents, relatives and staff meetings were maintained at the home. Topics discussed had included people's needs, fire risk assessments, the food and menu, refurbishment of the home and staff supervision. The provider also carries out an annual survey for people, relatives and other stakeholders. A summary of the findings for the survey undertaken in 2016 had been completed. Surveys returned were very positive about the service provided. Comments included, "Any concerns I have expressed have been quickly and efficiently dealt with," "The whole atmosphere of the home is excellent," "The key feature of the home is the quality of the staff under a caring, experienced and approachable manager. Low staff turnover reflects this and is a significant quality and advantage of the home." A comment made about tidying up the outside of the home had been completed.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The regional manager regularly visits the home to ascertain the views of people, relatives and to audit documentation. They review the audits undertaken by the registered manager. For example, medicines stock check had been completed, observations between staff and residents, for example, 'the chef and activities co-ordinator were having lovely conversation with residents. The chef was joking with the residents and they were responding and really enjoying the interaction.' The regional manager's audit also checked that staff wore their uniforms, and that care plans had been reviewed. They checked systems about falls, infections, and accidents and incidents. This shows they had reviewed, the actions taken. The audit also reviewed if any of the accidents needed to be sent to CQC or safeguarding. The visits also included interviews residents and staff. The last visit had gained positive feedback about the home. They also checked that people had been involved in the home, by checking meetings had taken place and that actions raised had been addressed. Reviews of activities and people's dining experience were undertaken and these included checking the table settings, choice of food, choice of where to eat, and the meal time experience. Resident's feedback was sought about the food (recorded as positive) and that people who required assistance received it.

They reviewed the staffing levels and if team meetings had taken place, along with if any issues raised had been dealt with. The health and safety and maintenance checks were reviewed to ensure that all work had been completed. Our experiences on the day matched with what they had found, showing their quality assurance systems were effective.

The service has a positive culture that is person-centred, open, inclusive and empowering. It has a well-developed understanding of equality, diversity and human rights and put these into practice. Staff were aware of the visions and values of the home and told us they ensured they worked in line with these. One member of staff told us, "The values are to give the best care to our residents, trying to make them happy and safe." We observed this being put into practice by all staff.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.