

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Cornelius House

114 Fishbourne Road West, Chichester, PO19  
3JR

Tel: 01243779372

Date of Inspection: 02 August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Cornelius House Limited
Registered Manager	Ms. Pamela Venus
Overview of the service	Cornelius House provides accommodation to older people who require personal care. The home provides accommodation for 20 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Safety, availability and suitability of equipment	10
Requirements relating to workers	11
Complaints	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

At this inspection we spoke with seven people who used the service, two relatives, an activity provider, a healthcare professional, three staff and the manager. We spent time observing the interactions between people and staff who were on duty. We found that people's care needs were assessed and planned for and that staff provided support in a sensitive and safe way.

Everyone expressed satisfaction with the service provided. For example, one person told us, "I am very happy here. The staff are great, very polite and always say "No problem" when I ask for help".

People and their family members also expressed satisfaction with the standard of meals and drinks provided at the service.

The provider's recruitment practices were robust and protected people.

Everyone that we spoke with said that they felt confident that issues would be resolved if raised with management of the service. One person said, "The manager is excellent at her job, she has a surgery and we can go and see her if we want to raise anything". A relative told us, "It's about trust. The manager is very approachable and I do trust the manager and the home".

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

---

### Our judgement

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

### Reasons for our judgement

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care plans for three people and observed the support people received during our inspection. People told us they were happy with the care they received and they felt their needs were being met.

One person said, "I am very happy with the home. Staff can't do enough for you". A relative we spoke with commented, "I can find no fault with the home. My family member is well-cared for and very happy here. The staff are amazing and they have made the home feel like a real home".

Each person's plan contained an assessment of their needs and detailed how to meet those needs. Risk assessments were in place for areas such as nutrition, pressure care and mobility. These were reviewed monthly.

People were well groomed and dressed appropriately for the time of year and the weather conditions. Ladies wore jewellery and had their nails painted. Staff made positive comments to people on their appearance.

We spoke to two care staff. They were able to explain the individual care needs of people. They also gave us examples of how the care they delivered supported the needs of people. Staff also demonstrated knowledge of when to observe people's actions and body language to assess if they may be unwell. For example we were told that one person behaved in a particular way when an underlying health issue was present. When they observed this it was a trigger to seek medical advice.

We spoke with a healthcare professional who told us that found the home to be a welcoming environment. They told us that staff were helpful and accommodating and they had no concerns about the service. They commented that they found, "Staff keen to do their best for people".

We spoke with an external activities provider who was facilitating a reminiscence session in the service on the day of our inspection. They told us that the home worked well with them and encouraged people to take part in the activities. The sessions included one to one sessions, reminiscence through poetry, music and quizzes.

We spoke to people about the activities in the service. They all said that they were happy with what was on offer and could choose to join in with an activity or not. One person said, "I enjoyed the group today, it was good to have a chat with others". Another person told us about a recent 'garden party', "This was great fun and we all enjoyed it, the weather was kind too".

We saw an activity programme on the notice board in the dining room together with pictures from the garden party and an individual's birthday party. People were observed reading books and newspapers. When we checked we found that these papers were regularly delivered to the service. We spoke with people in their rooms and they told us that they did not wish to join in activities but staff reminded them that they were available.

There were arrangements in place to deal with foreseeable emergencies. We spoke with staff and looked at records to confirm that staff were trained in first aid and emergency procedures. The service had a contingency plan in place should they need to evacuate the home.

**Food and drink should meet people's individual dietary needs**

---

**Our judgement**

---

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

---

**Reasons for our judgement**

---

People who used the service told us that the food was good and they had a choice of meals. One person referred to the notice board and pointed out the options for today's meals. They said, "We have a good choice of meals and drinks I am content with what is on offer".

Another person said, "The food is excellent here. I am very happy with the meals".

People were provided with a choice of suitable and nutritious food and drink. A member of staff told us that people were involved in menu planning and staff checked each morning to see what people wanted for their meals for that day. People we spoke with confirmed this.

We observed the lunchtime meal. This was a relaxed and positive experience for people. Staff asked people if they were happy with their meal, if there was anything else they needed or could get for them. People were not rushed and had time to chat to each other as they ate. We also saw meals that were taken to people who needed a soft or liquidised diet. These were well presented. We spoke with people who took their meals in their bedrooms. They confirmed that it was their choice to do so and that they could join in with people in the dining room.

Relative's expressed satisfaction with the meals provided at the service. One told us, "I have not tried the food myself but I have seen what has been provided and it looks and smells really good. X (family member) tells me they enjoy the meals".

Another relative said, "Meals look appetising, there's lots of veg and good quality home cooking. Mum says it's nice".

People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled the service to provide people with food they liked. We noted on one person records that they had made specific requests about the food they required. This was to adhere to a special diet. We spoke to the individual and they confirmed this was provided, as requested. We saw notes in the kitchen reminding staff of these requests and staff we spoke with were aware of the needs of the individual.

We noted that staff kept a record of three peoples' food and fluid intake. We saw records which demonstrated that this was audited on a daily basis to ensure that the individual had sufficient amounts of food and fluid. When we looked around the home we saw that people had covered jugs of water or squash in their rooms and the care notes recorded that these were monitored and refreshed regularly. One person, when asked about access to drinks said, "There are always drinks on offer, I have drinks in my room and staff provide fresh water jugs three times a day".

The last annual quality audit carried out in March 2013 recorded a general comment that people were not enjoying the food as much as they did before. In response the manager and chef have been working on a new menu and this was to be discussed at the next planned residents and relatives meeting on 15 August 2013.

**People should be safe from harm from unsafe or unsuitable equipment**

---

**Our judgement**

---

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

---

**Reasons for our judgement**

---

When we visited the service we looked around the home. We looked at equipment used to support people with their mobility needs and accessing the building. This included hoists and other mobility equipment. The home was in good order, furniture and fittings were in a good state of repair.

We spoke with the member of staff who was responsible for ensuring regular checks and repairs were carried out. We were provided with evidence of twice yearly examination and servicing of lifting equipment. We noted that the last inspection of the bath hoist had recommended a replacement seat as an early measure before it deteriorated. We saw that this was on order.

We noted on peoples' care records that they used specific equipment to ensure their safety, mobility and independence. Our observations confirmed that these items were in place. For example people at risk of skin breakdown had pressure relieving mattresses that had been assessed and supplied by the district nursing team. Rails and raised toilet seats were in place to assist people with mobility.

Monthly wheelchair checks and maintenance takes place. We saw evidence that portable electrical equipment was tested annually.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work. We looked at the recruitment files of three staff members employed by the provider. Staff had a comprehensive recruitment record which included an application form, proof of identity and two references. All staff had been subject to appropriate criminal records checks and we were told no staff started before the completion of this process.

The home's administrator who was responsible for collecting recruitment documents told us, "Once the checks are all back we have new staff in to start their training. This includes watching video training materials and reading records and policies. They spend time shadowing a member of staff; for at least three days".

When we spoke with staff they confirmed that they had not started working for the provider until all checks had been completed and their criminal records check certificate was received. They told us that they had a formal interview and when they started work they were able to work alongside a more experienced staff member. This ensured they had an opportunity to develop their understanding and knowledge of the role.

One person said, "I shadowed for a week when I started".

People that we spoke with were very positive about the staff team. They told us that they were confident in their abilities. For example one person said, "They are very good, they always know what to do".

**People should have their complaints listened to and acted on properly**

---

**Our judgement**

---

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

---

**Reasons for our judgement**

---

People were made aware of the complaints system. This was provided in a format that met the needs of some people who use the service.

We saw that the home's complaints policy including details of how people could complain, was on display in the hallway. The provider may wish to note that the procedure on display contained incorrect information about the role of the commission in dealing with complaints.

People that we spoke with during our visit to the home told us that they were aware of how to raise a concern. They told us they would speak to the manager or staff about anything that worried them. They said, "If I was concerned I would talk to Pam (Manager) they are always available and approachable". Another person said, "I have nothing to complain about. I get help when I need it and if I was not happy I would go to the manager". One person pointed out that the manager had set aside times for people to go and see her if they wanted to discuss anything. The times were on display on the notice board along with the comment, 'Please note that Pam is available at any time if needed'.

People's complaints were investigated and resolved where possible. We looked at the home's complaints log and saw evidence of the resolution of complaints. We saw that these complaints had been dealt with in line with the provider's policy.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---