Inspection Report

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: 25 July 2014

Date of Publication: October 2014

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

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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'.

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 25 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

A single inspector carried out this inspection. We considered all the evidence we had gathered under the outcomes inspected. We used the information to answer the five questions we always ask; is the service safe, effective, caring, responsive and well led?

If you want to see the evidence supporting our summary please read the full report.

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people using the service, the staff supporting them and from looking at records.

As part of this inspection we spoke with five people who use the service, the registered manager, three care staff, one cleaner and one member of the administration team. We also reviewed records relating to the management of the home, which included six care plans, complaints book, minutes of staff and residents meetings, staff rotas and records, medicine sheets, maintenance records and audits.

Is the service safe?

People we spoke with told us they felt safe. One person told us "It's lovely to be here, I feel lucky, the staff are quality". People who used the service and staff told us that people's care was regularly discussed and planned with them. This meant that staff had the information they needed to keep people safe, by ensuring they were up to date with care needs and risk assessments.

The home had policies and procedures in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that makes provision relating to persons who lack capacity, and how decisions should be made in their best interests when they do. No DoLS applications had needed to be submitted. The manager understood when an application should be made, and how to submit one. Care staff undertook training in MCA, DoLS and safeguarding of vulnerable adults. This meant that

people would be safeguarded as required because staff had the knowledge to assess people and undertake an application if necessary.

We saw that there was sufficient staff to ensure people's care needs met. Staff had training so that they had the qualifications and skills to deliver care, and told us they felt supported. One staff member told us; "I feel supported here, I have done extra training for my NVQ (National Vocational Qualification) and I can always approach my manager for advice". This meant staff had the skills they required to meet people's needs.

We saw that systems were in place to make sure that staff learned from events such as falls, accidents or complaints. This had helped the service promote the safety of people.

Is the service effective?

We saw people had detailed care plans, that identified risks and highlighted personal preferences. This meant that staff had up to date guidance on how to meet people's needs.

People's health and care needs were assessed with them, and other professionals contributed towards information in their care plans. Care plans showed the involvement of other professionals such as district nurses and chiropodists. We saw the care plans of five people and saw up to date information from other professionals, these were dated and signed. For example one person was having visits from the district nurse. There were recommendations for support of the person in their care plan. This meant that the home care staff had access to relevant and updated care plans so they were able to meet changing needs effectively.

We saw that staff not only had a verbal handover at beginnings of shifts, they also had one to one meetings with people to discuss their needs and ensure care given was effective.

We found that people's health care needs were met and that staff had the right skills and knowledge and knew when to seek advice. One member of staff told us; "we have regular meetings with people and their families, so we can get ideas about what they want and if we need to do anything different or better"

Is the service caring?

People were treated with respect and dignity by the staff. We saw staff interacting with people in a gentle and caring way. Explanations were given as to what staff were going to do and how they would do that for people before they did it. We saw staff knocking on doors before entry to rooms and addressing people in the way in which they had requested.

One person told us: "I am very happy here, staff help me if I need it. I can do quite a lot for myself but it is good that they are there whenever I want. They never make a fuss and I don't have to wait when I want something"

Is the service responsive?

People's health needs and care were assessed with them. We found that the provider had regularly asked and acted on the comments and views of people who used the service and their families.

We saw staff were responsive to people's choices, for example people could choose to have their meals in the main dining area or in their rooms.

There were daily activities at the home, and people had the choice of participation. One person told us "I can do activities if I want, but I like my own space". We saw staff made the time to sit and chat or do a one to one activity with people. This meant that staff responded to people's emotional needs by allowing them to choose an activity which suited their requirements.

While inspecting the home, the manager dealt efficiently and calmly with an emergency, that required the transfer of a person to hospital via ambulance. The person was supported in a calm, caring way to alleviate anxiety.

Is the service well-led?

The service had a full time registered manager and deputy. They shared the responsibility for the home on a day to day basis and would overlap shifts to ensure there was safe and continued senior cover. We saw that systems were in place to ensure good standards of care. For example, staff had regular mandatory updates organised by the provider and training was encouraged and supported. Staff had appraisals and opportunities to discuss their training and have performance reviews.

Systems were in place such as feedback sessions, meetings and evaluation to make sure that managers and staff learned from events such as accidents and incidents, complaints or concerns. This reduced the risks to people and helped the service to continually improve.

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 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.

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 the care plans of five people who used the service. We found these contained detailed information on people's health, welfare and social care needs. They included assessments of people's mental capacity, personal care requirements, nutritional requirements for ethnic and religious preferences and risk assessments on mobility needs.

Evidence based assessment tools were used to identify risk and plan care. These tools were used in care plans to provide guidance to staff on how to meet people's individual needs. Staff we spoke with knew how to use these tools, record the information, assess and implement care as a result. For example, one person had changed their diet preferences, staff were concerned that they had lost weight and were not receiving adequate nutrition. Staff used the; Malnutrition Universal Screening Tool (MUST) to determine risk levels and help provide support by improved choices.

Care plans were reviewed monthly and staff recorded care given on a daily basis. This ensured that people had care that was delivered in a way to ensure their safety and welfare. Changes to their care had been updated and staff were made aware of this during handovers between shifts. Care plans were individualised and people and their families had been involved in identifying needs and planning care.

We saw staff providing care and support to people and this matched the information we saw in their care plans. For example, one person expressed a wish to have breakfast early in the dining room before the day staff started the 8am preparation. The night staff would assist them to the dining area and get their breakfast. This meant that people's preferences were met.

We saw that people sat in two lounge areas, some reading or interacting with others. People had their own room, which was personally decorated with their own belongings. Each had their own television and phone line. This meant that people could choose their social surroundings and were free to call family and friends.

We observed positive interactions between staff and people using the service. People we spoke with told us they "were very happy here" and "lovely to be here". Other comments included "feel lucky", and "the staffing is of good quality, I feel they take good care of me".

People told us they enjoyed a variety of activities such as music, visiting entertainers and pets as therapy (PAT) visits. We saw an activity planner was displayed which detailed what activities were planned on a daily basis. This meant that people had opportunities to be involved in activities which promoted their wellbeing. One person told us "I like the choices of activities, especially the pet visits as I used to have dogs and miss mine". Another person said "It is good to have activities and I join if I want to, I don't feel I have to though, because I do like my own space".

Family and friends visited freely and joined in with home events such as the summer garden party. People visited family and friends outside of the home. One person told us, "my son lives near and I often go there for meals" another told us "my family visit for special occasions and we have dinner prepared for us here". This meant social and emotional needs were met.

People had the services of religious leaders to meet spiritual needs, Holy Communion and other religious services were held at the home.

People had regular contact with other health care professionals, so their health care needs could be assessed and planned for. We heard discussions with G.P's and district nurses regarding updates on people requiring treatment and times for visits to the home. People could visit their own G.P and some did so. Some had the support of families to attend appointments and others would be accompanied by members of staff if they wished. This ensured health care needs were met in a timely manner.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People's rooms were clean and fresh and they told us the home was kept clean and tidy. They said they had no complaints about the cleanliness of their rooms. There were two full time cleaners and a part time weekend cleaner. We observed cleaners following their schedules which were designed to impact as little as possible on people's routines.

We observed staff using protective equipment such as gloves and aprons appropriately. Disinfectant hand rub was available in communal areas. Handwashing facilities had paper towels and liquid soap. This meant the risk of cross infection was minimalized.

There were effective systems in place to reduce the risk and spread of infection. Staff had completed infection control training and the provider had an infection control policy and procedure in place. Staff we spoke to were able to tell us how they dealt with an infection outbreak.

The laundry room was clean and laundry was stored in baskets. Personal protective equipment was provided around the home, we saw staff using equipment appropriately.

Systems were in place for the safe handling and disposal of waste.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw the home had a medication management policy in place. Staff who administered medication had received training via an on-line module set by the medicines provider and a practical assessment in the home. Supervision records showed the manager monitored staff competency.

We spoke with staff about the management of adverse incidents. For example, they were able to explain how the side effects of medicines were managed and the protocol for when people refused to take their medication. People who wished to self-medicate were assessed as safe, and their care plans and medication charts clearly highlighted this. One person we spoke with was self-medicating. They told us staff asked if they had taken their medication but said they generally made a point of letting staff know. This showed staff monitored people's continued ability to self-medicate.

During our inspection we checked the medication trolley and storage cupboards. We saw they were kept in an orderly manner. Individually named boxes were seen inside the trolley.

We saw opened bottles and boxes stored within the trolley were labelled and the date of opening recorded. This allowed staff to monitor stock levels and be sure that liquids were given within their expiring date after opening. We also noted that all lotions and creams were separately stored and dispensed to named people.

When 'as required' medication had been prescribed we saw staff had recorded whether the medication had been given or not. The dosage which had been administered had also been recorded. This meant that staff safely monitored the amount of medication taken at the correct time intervals.

Some prescription medicines were controlled medicines and were stored under the Misuse of Drugs Act legislation. These medications were securely locked in a metal cupboard. We checked how these drugs were being managed; the controlled drugs register record tallied with stock numbers.

We noted the medicines policy required daily checks to be made of the temperature of the medicine refrigerator. We saw these were taken and recorded on a daily basis. This showed medicines were stored safely.

We reviewed the medicine administration record (MAR) sheets of ten people and saw they recorded the medication prescribed for them. There were clear indicators for staff of the time of day each medication needed to be administered and MAR sheets were completed accurately. This meant people had received their medicines as prescribed. Known drug allergies were clearly shown in care plans and replicated on the MAR sheet, which helped ensure people were not given medicine that may have an adverse effect on them.

There was a system in place to record the receipt and disposal of medicines. This ensured that medication for people could be accounted for and was disposed of appropriately.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Staff we spoke with felt supported in their roles. They felt they had sufficient training to meets the needs of people they supported. They had training arranged by the provider, in safeguarding, infection control, lifting and handling and emergency procedures. A training company visited the home to undertake staff training. This meant the sessions could be rostered and would maximize attendance.

Staff we spoke with said they felt they had support during training and could call on the managers for extra help if they needed it. One member of staff told us: "It's a lovely place to work, I have been here many years. We have access to training and I have completed my NVQ (National Vocational Qualification) 2." Another told us: "I feel very well supported and can go to the managers about any concerns I have". This meant staff had the knowledge and skills to meet the needs of people they supported. Staff were aware of other routes to support networks available to them.

We saw that staff had supervision meetings every six months and appraisals every two years. These enabled staff and management to review any concerns raised, initiate plans of action and highlight training needs. Staff told us they felt the management were approachable and easy to talk to, they felt they worked well as a team and that they knew the people they were supporting very well. This meant that people received care from staff who had the training and skills to meet their needs.

We saw that rotas reflected the number of staff on duty at the time of inspection. Care needs of people who used services were the determining factors for the numbers of staff on each shift. This meant that the provider had a system for reviewing and calculating staffing levels based on people's needs.

Staff told us that there was always a manager to support them. We spoke to the provider who stated that staffing shortfalls were met by their own staff doing overtime or a bank shift. They did not use an agency. This meant that the provider had staff on duty that were appropriately qualified, were familiar with the homes policies and procedures. Staff knew the needs of people who knew services well and could provide consistent and continued levels of quality care.

People told us they were very happy with the staff. One person told us: "They have recruited quality staff here" another person said: "they are very kind, I can ask them anything, nothing is too much bother".

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that regular audits of quality and safety of the service took place and were recorded. The manager had action plans in place to monitor the continuous improvement of services. For example, the manager had recently reviewed the care plans and upgraded the care files. We saw policies and procedures in files in the office. There were notices relating to these and updates pinned on the office wall. We spoke with staff who told us they had access to policies and procedures. This meant staff had access to current information at all times, ensuring care was relevant and up to date.

People's views were sought by way of residents meeting every three months. This gave people an opportunity to discuss their views and requests. Minutes were taken and copies given to residents, an outcome of issues discussed and a date for the next meeting was given.

The complaints procedure was displayed in the main entrance. All complaints were recorded, dated and the outcome given. There was a comments box in the main entrance for people to post suggestions. These would be read and discussed with the individuals concerned or at meetings. These strategies meant that people had a variety of ways to express their needs.

We viewed minutes of staff meetings, the complaints book and outcomes of investigations. The complaints procedure was displayed in the main entrance and people were given a copy on admission. Annual questionnaires were given to people to complete to ensure that their opinions were taken into consideration when planning services. There were also quarterly meetings with people and their families. We saw minutes of meetings, which included discussions about activities and suggestions for menus. These showed that people's view were taken into consideration when planning services.

One person told us: "Staff ask our opinions in meetings, and I can always have a face to face chat if I want to, I don't feel I have to wait for the meetings, they make me feel they listen to what I have to say". This meant that staff were always available for people to talk to them, which ensured they were responsive to people's needs.

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.

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