

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

Abercorn House

Fernhill Rd, Blackwater, Camberley, GU17 9HS

Tel: 0127632773

Date of Inspection: 12 July 2013

Date of Publication: August 2013

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

Respecting and involving people who use services	✓ Met this standard
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Meeting nutritional needs	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Complaints	✓ Met this standard
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Details about this location

Registered Provider	Gracewell Healthcare Ltd
Registered Manager	Mr. Arthur Tanare
Overview of the service	Abercorn House provides nursing and personal care in a residential home for a maximum of 96 elderly people. Specialist dementia care and stroke rehabilitation services are available.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 12 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People who used the service and their relatives confirmed that they were treated respectfully and had been provided with regular opportunities to speak to staff at all levels about all aspects of care.

People that we spoke with confirmed that the food in the service was good and that there was always plenty for them to drink. One person said "I think we're very lucky to live here. The food is good and the staff are so friendly. They can't do enough for you".

All three people that we spoke with who used the service told us that they felt safe at all times. One person said "The staff are well led by a caring manager. They would not let anything bad happen to any of us. I'm confident about that".

We found that there were sufficient care and other staff to meet the needs of people who used the service. One person said, "I can't see any problems with care staffing levels. There seem to be enough. Occasionally at peak times you have to wait a few minutes but that's to be expected". One staff member told us, "We all work so well together. Even when we are busy we support each other and give the best care we can".

We found that an effective complaints procedure was in place. All three people that we spoke with confirmed that they would be confident to make a complaint about the service if necessary. One person told us, "If I ever had to complain about anything I'm pretty sure they would put it right straight away. They do their best to make us happy".

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

Our inspection was facilitated by a care and quality director for the provider and the registered manager. We noted that 69 people were resident within the service occupying separate bedrooms over three floors.

The registered manager told us that a manager had always carried out an assessment of people who wished to use the service to ensure that their needs could be properly met. Where possible, people had visited the service, sometimes on a number of occasions, before deciding whether they would be happy to live there. The registered manager told us that, in emergency situations, a full assessment would be carried out as soon as possible after the person had begun living at Abercorn House for the same reason and to see whether any changes needed to be made to accommodate the new resident. This meant that people's needs were assessed and, as part of their duty of care and legal obligations, the provider demonstrated regard to eliminating discrimination and advancing and fostering good relations when carrying out their work.

One relative that we spoke with said, "We always get invited to the residents and relatives meetings. I went once and was very impressed. They take the problems that are raised seriously and they seem to get straight on it". We reviewed the minutes of the resident meetings held between April and June 2013 and noted that the outcome of matters raised had been recorded. We saw from the minutes that relatives and heads of department had attended the meetings. This meant that people and their relatives were involved in decisions about their care and wellbeing.

We reviewed the care plans of three people and noted that they were well structured and easy to use. They showed clear involvement of the people and relatives in care planning, including signatures on original care plans and reviews that had occurred regularly. Daily notes made by care staff are referred to as 'progress notes' in these care plans. They were

clear and comprehensive and contained accounts of discussions with people regarding preferences. This meant that care reviews and progress notes had provided opportunities for people, relatives and representatives to discuss people's care and support preferences.

We saw evidence of Mental Capacity Act (MCA) assessments of people, which were required in some circumstances when decisions needed to be made about their care. We noted that the assessments were specific to the decision the person had been asked to make and summarised the process that had taken place. This meant that people's rights had been protected.

People's privacy, dignity and independence were respected.

During the inspection we noted that staff routinely knocked before entering people's bedrooms and that they spoke with them politely and appropriately. We also saw that people were generally very happy in the service. A member of staff told us, "I've been here for a long time and seen lots of improvements. We are much more person centred now and you can always hear people being offered choices. One person asked if they could clean their own room because that made them feel more independent. Another person has chosen paint and is helping to decorate their own room". Another member of staff told us, "We now do training to help us to understand dementia, which has helped me in the way I support people's independence".

All three of the people we spoke with told us that they were treated with dignity and respect. One person said, "These young people are wonderful. They are courteous and they encourage me to do things I thought I couldn't do now". This meant that people's independence was actively promoted by staff.

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 were provided with a choice of suitable and nutritious food and drink.

As not all people who used the service were able to tell us about their experience, during the inspection we observed the service of lunch to six people in the ground floor dining room. We used a structured observational tool called SOFI 2 which provided a framework designed to help us better understand people's experience of the event.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

During the period of observation we saw two members of staff supporting people to eat their meals. They had been seated on the same level as the people they were supporting, so that eye contact could be maintained. We noted that both staff chatted casually and asked the people if they were enjoying the meal and whether they were assisting them in the way they preferred. The meal appeared to be a positive experience for the people concerned.

We saw that people's weight had been recorded regularly in their care plans. We noted that weight loss reports had been generated where this had occurred and that the information had been coordinated by the care and quality director. The registered manager told us that the head chef used this information and arranged the menus and managed portion control and supplements, as required and agreed with people. This meant that the provider produced menus with two main choices per meal, based on people's needs and preferences, by agreement with people who used the service and their relatives.

The registered manager told us that staff had previously asked people to nominate their meal choices in advance but this had been unsuccessful. During the period of observation we noted that each of the people served was shown the two alternative meals that had been prepared and given a choice. They were also offered a range of drinks. We noted that one person who did not like either of the meals which had been prepared was offered further alternatives. This meant that people were provided with choices of food and drink.

We noted that the meals were well presented and appeared appetising. The registered manager told us that they randomly sampled meals to ensure that quality and nutrition standards were maintained.

We saw that a cook went into the dining room towards the end of the service of lunch and asked people if they had enjoyed their meal. One person said, "I didn't exactly enjoy it, but it was OK". We heard the cook ask if the person would like something else to eat. All three of the people we spoke with told us they were satisfied with food and drink provided. One person said, "I think we're very lucky to live here. The food is good and the staff are so friendly. They can't do enough for you". One member staff told us, "One of the main topics of conversation is the food, so we always know how meals have been received by the residents". This meant that feedback was actively sought from people who used the service to ensure that their needs and preferences were being met.

During the inspection we noted that jugs of water and what appeared to be fruit squash, were available in all the communal areas. We heard staff asking people if they would like something to drink throughout our inspection. When we spoke with people in their rooms later, we noted that they had been provided with drinking water which had been placed within their reach. One member of staff told us, "In this weather particularly we take care to make sure that everyone has plenty to drink".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We noted that the service had a current copy of the Hampshire County Council (HCC) 'Policy and procedure to ensure the prevention and protection of vulnerable adults from abuse'. This was available in the reception area for the use of staff and for people who used the service, relatives and visitors to read. This meant that staff had access to comprehensive guidance on preventing abuse from occurring and how to respond when abuse was suspected or reported.

The service training matrix indicated that all current care staff had received training in safeguarding adults from abuse in the previous 12 months. The registered manager and care and quality director, who both work at Abercorn House, told us that they provide training in safeguarding adults from abuse to the provider's staff. All three staff that we spoke with demonstrated clear understanding of the types of abuse to which people might be vulnerable. One told us, "I think I've done safeguarding training 11 times now, but it's one of those things you should keep in the front of your mind. I think that's why the residents are so happy here. They know we are all looking out for them". This meant that awareness remained high because staff had been trained.

We noted that safeguarding and whistleblowing posters providing current contact details were displayed on the noticeboard in the staff room and nursing stations which are the hub of staff activity on the three floors. One member of staff that we spoke with said, "I've never seen abuse here. I did see it at another care home and I reported it straight away". Another told us, "The manager encourages us, especially when you first start, to report anything that concerns you. I think this sets the right tone". This meant that staff were provided with current information on how to report concerns or allegations of abuse and were confident about doing so.

All of the people who used the service that we spoke with told us that they felt safe when being supported by staff from the service. A person who used the service told us, "I've

always felt completely safe here. The staff are happy and friendly and help you out with everything". Another person said, "The staff are well led by a caring manager. They would not let anything bad happen to any of us. I'm confident about that".

The provider responded appropriately to any allegation of abuse.

In discussion, the registered manager demonstrated considerable experience and a sound knowledge of the appropriate responses to reports and allegations of abuse. Records confirmed that the provider had previously responded appropriately to safeguarding concerns.

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

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

At the time of our inspection a total of 69 people were using the service, occupying single rooms on the three floors within the building.

The registered manager told us that staffing levels were flexible depending on the number of people using the service and their individual care needs. At the time of our inspection care staffing levels during the day shift comprised four nurses and 17 care staff. During the night shift between eight pm and eight am this reduced to three nurses and six care staff. We reviewed the staff rotas and confirmed that this was the case.

We reviewed the service staff training matrix and noted that all care staff had been required to undertake training in subjects that the provider considered mandatory. Topics included; person centred planning, nutrition and wellbeing, moving and handling people safely, safe handling of medicines, infection prevention and control, health and safety and safeguarding. We saw that the matrix indicated high percentages of care staff currently trained and identified which staff were soon to be due for refresher training. We noted that the service training schedule for 2013 confirmed that a rolling programme of refresher training courses had been arranged. This meant that care staff were trained and qualified to perform their roles.

The registered manager told us that agency staff were seldom used and that they preferred to offer more hours to regular staff so that people received continuity of care from people they were used to. Records indicated that only one agency nurse had been employed by the service during the month of June 2013. This was reflected in the rotas and confirmed in our conversations with staff. One member of staff told us, "I think we are quite well staffed at present. There are a total of 11 in the housekeeping staff, dealing with cleaning, laundry and maintenance and of course they help out supporting people at mealtimes".

The registered manager told us that two activities co-ordinators had recently been appointed because previous staff had left. A relative told us, "The activities people are brilliant. They are so enthusiastic whether it's leading group activities or just sitting reading to people or chatting with them. It makes my relative's day". We witnessed a member of

staff reading poetry to three people who were clearly enjoying the experience. This meant that the presence of specialist staff had enhanced the quality of people's lives.

People that we spoke with were generally happy with staff numbers. One person said, "I can't see any problems with care staffing levels. There seem to be enough. Occasionally at peak times you have to wait a few minutes but that's to be expected". A member of care staff told us, "We all work so well together. Even when we are busy we support each other and give the best care we can". This meant that there were sufficient numbers of staff to meet the needs of people who used the service.

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 that people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This information was provided in a format that met their needs.

During our inspection we noted that the service complaints procedure was displayed in the reception area where it could be seen by people who used the service, staff and visitors. We saw that the procedure had been published by the provider in September 2012. The registered manager told us that the procedure was also available in a large print version and could be adapted to meet people's particular needs. This meant that information regarding the complaints procedure had been provided to people and visitors in a format that met their needs.

All three of the staff that we spoke with told us that they were aware of the complaints procedure and would help and support people if they wished to make a complaint. One told us, "If I received a complaint I would take it straight to the manager. We support our people 100 per cent and I would be happy to help them fill in the form".

The registered manager told us that the service prided itself in its responsiveness to people's needs and preferences. They said, "We do not fear complaints. We take every opportunity to get feedback and then improve things for our clients".

We asked staff about the availability of complaints forms for people to complete. They told us that forms could be requested from the manager. We discussed this with the registered manager who told us, "I think asking for a form could cause a problem for some residents and I will give some thought to the idea of leaving some forms in reception".

We spoke with three people about the complaints procedure and each of them confirmed that they would be sufficiently confident to make a complaint. One person said "If I ever had to complain about anything I'm pretty sure they would put it right straight away. They do their best to make us happy". Another person said, "I love it here and I can't think of a single thing I would change". This meant that people were aware of the complaints procedure and confident about using it.

People's complaints were fully investigated and resolved, where possible to their satisfaction.

We reviewed the service complaints folder and saw that two complaints had been recorded during 2013. We noted that both matters had been dealt with in accordance with the service complaints procedure and that both complainants had been sent letters regarding the outcome of their complaint.

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@ccq.org.uk

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

Website: www.cqc.org.uk

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