

Miss Marguerite Clark and Mrs Miriam Laventiz Fernica (Residential Care Home)

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on the 5 and 6 February 2018. At our last inspection in June 2017 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to our concerns we issued warning notices in relation to people's care plans, risk assessments and quality assurance systems. Further breaches were identified with regards to staff training and development, need for consent and failure to complete the Provider Information Record.

Following the last inspection, we met with the provider to discuss what they would do and by when to improve the key questions, Safe, Effective, Responsive and Well-led, to at least good. We also asked the provider to complete an improvement action plan confirming the action to be taken.

During this inspection we found that improvements had been made with regards to the development of more personalised care records reflecting people's needs and wishes and risk assessment to help keep people safe. Improvements were still required with regards to making sure the environment was safe as well as the development of good governance systems to demonstrate clear management and oversight of the service. Further improvements were needed in relation to staffing arrangements, activities and opportunities for people's emotional and social development, records to support restrictive practice, health and safety and pre-admission assessments.

Fernica is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fernica provides accommodation and personal care for people with mental health support needs.

Accommodation is provided over three floors and comprises of 14 single occupancy bedrooms with shared bathroom and toilet facilities. There is no passenger lift. The home is close to local shops and public transport between Bury and Manchester. At the time of the inspection there were eleven people living at the home.

The service has a registered manager, who is also the registered provider. 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.

Effective systems to monitor and review the quality of service had yet to be implemented to demonstrate continuous improvement of the service and ensure people are protected from the risks of unsafe or inappropriate care and support. We were concerned that the registered manager was working an excessive number of hours, which meant they were not able to effectively support people as well as manage and improve the service.

Sufficient numbers of staff were not available or provided flexibility in support so that people's current and changing needs were effectively met and enabled them to achieve their individual goals and aspirations.

People's records confirming consent to restrictions needed to be expanded to clearly record the reasons why.

Checks were completed with regards to fire safety. We recommend the provider refers to relevant guidance with regards to the fire risk assessment ensuring all necessary arrangements are in place for the safety and protection of people living and working at the home.

Effective systems were not in place to check water outlets were maintained at the correct temperature so that people were protected against the risk of harm or injury.

We saw windows had been restricted to ensure people's safety however these were not those recommended within the Health and Safety Executive (HSE) published guidance on the use of window restrictors in care homes. We were made aware following the inspection that the deputy manager was arranging for alternative restrictors to be fitted in line with the guidance.

Pre-admission assessments had not been completed for those people who had recently moved into the home. Without such information people needs, wishes and preferences may not be considered and planned for.

Care plans had been improved providing more person centred information about the current needs, wishes and preferences of people. Risk assessment had also been updated to provide clearer information about identified areas of risk and how these were to be managed so that staff could quickly respond to people's changing needs.

Relevant authorisations were in place where people were being deprived of their liberty.

People told us they liked living at the home and felt safe. Staff had a good knowledge and understanding of the individual needs of people. On-going training and support had been provided to help staff do their job safely.

The staff team was very stable with no new staff having been employed for a number of years. Previous inspections of recruitment records have been satisfactory.

Staff were aware of their responsibilities in protecting people from abuse and had completed annual updates in training to ensure they understood the procedures in place.

Systems were in place for the safe management and administration of people's medicines.

Suitable arrangements were in place to ensure people were protected against the risks of cross or spread of infection.

People were offered adequate food and drink throughout the day. We saw people had access to health care professionals, so that their current and changing health needs were met.

Systems were in place for the reporting and responding to any complaints brought to their attention. People said the registered manager was approachable and they could talk with them.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We are currently considering our options in relation to enforcement action regarding some of the breaches of regulations identified. We will update the section at the back of the inspection report once any enforcement work has concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not consistently safe.

Checks were completed in relation to the safety of the environment. However the fire risk assessment had not been completed by someone suitably qualified and experienced to do so. We again found that water outlets had not been checked to make sure temperatures were maintained safely.

The staff team remained stable with no recent recruitment having taken place. Staffing levels did not provide flexibility of support so that people's current and changing needs were effectively met.

Risk assessments had been expanded upon providing better information to guide staff in keeping people safe.

Safe systems were also in place with regards to infection control procedures, the management of their medicines as well as protecting people from the risk of harm or abuse.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Relevant authorisations were in place for those people being deprived of their liberty. Records were to be expanded upon to clearly show why people had consented to restrictions in place.

Pre-admission assessments had not been carried out by the provider prior to the recent admissions to the home. Without such information people's needs may not be adequately considered and planned for.

Improvements had been made to the training, development and support opportunities offered to staff.

People told us they enjoyed the choice of food provided. People had access to the relevant health care support so that the health and well-being was maintained.

Is the service caring?

Good 

The service was caring.

Most people had lived together for many years and were seen to have good relationships and helped and supported each other.

People said they enjoyed living at Fernica and that staff were kind and friendly and supported them when needed.

People were involved in the development of their care records. Information was stored securely within the downstairs office. This meant people's information was kept confidential.

Is the service responsive?

The service was not always responsive.

Improvements were needed so that people were supported to achieve their individual goals and aspirations.

Care plans had been improved providing more person centred information about people's individual needs, wishes and preferences.

Suitable arrangements were in place for the reporting and responding to complaints.

Requires Improvement 

Is the service well-led?

The service was not well led.

We found the registered manager was working an increasing number of hours, which meant they were not able to effectively support people as well as manage and improve the service.

Improvements were found with regards to actions identified at our previous inspection. However effective systems to monitor and review the quality of service were still needed to demonstrate continuous improvement of the service and ensure people are protected from the risks of unsafe or inappropriate care and support.

Opportunities had been made available for people and staff to comment of the service provided.

Inadequate 

Fernica (Residential 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.

Before the inspection, we asked 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. This was returned prior to the inspection. We took this information into account when we made the judgements in this report.

As part of the inspection we contacted the Local Authority Commissioners and safeguarding teams and Bury Healthwatch to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notifications received from the registered manager. A notification is information about important events which the service is required to send us by law.

This inspection took place on the 5 and 6 February 2018. The inspection team comprised of an adult social care inspector 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.

During the inspection we spent time speaking with seven people who used the service, two staff and the registered manager. We also looked at the environment and the standard of accommodation offered to people. We also reviewed four care files, medication administration records (MARs), staff training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

At our last inspection we identified a number of concerns regarding the safety of the environments and the lack of checks completed to ensure people were protected. Due to our concerns the provider was issued with a warning notice instructing them of the improvements required to meet the regulations. During this inspection we found not all action had been taken.

At the last inspection undertaken in June 2017, the registered provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because checks of thermostatic control valves (TCV) or water temperatures on each of the outlets to demonstrate these were safely maintained were not completed. TCV's help control water temperatures however without periodic checks the providers were not able to demonstrate that the TCV's were working effectively and temperatures were maintained at a safe level. The overall rating for this key question was requires improvement.

During this inspection we found that whilst temperature checks had been carried out these had not been undertaken for six months. We also noted that a legionella assessment dated 2015 had been reviewed in January 2017. Action had been identified however it was unclear if this had been addressed. This meant effective systems were not in place to help ensure people were protected against the risk of harm or injury. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what systems were in place in the event of an emergency, for example a fire. A contingency plan was in place, which provided basic information should the home need to be evacuated along with relevant contact details for agencies or contractors where there has been a loss of mains, supplies or failures within the building. The registered manager continued to make regular checks of the fire alarm, fire equipment, detectors and emergency lighting and external servicing had also been undertaken to ensure equipment was in working order. Staff had received fire training and occasional drills were held to check staff knew what to do if an issue arose.

A fire evacuation procedure was displayed along with a floor plan of the building. Records also showed that individual personal emergency evacuation plans (PEEPs) had been completed for nine of the eleven people living at the home. The registered manager said the outstanding two plans would be addressed without delay. This information is important and helps to assist the emergency services in the event of an emergency arising, such as fire.

During our last inspection we found areas of the home including two unoccupied bedrooms and the hallway in the basement, which was a means of escape, were cluttered with unused or unwanted items and posed a potential hazard. During this inspection we noted that items in the hallway had been removed however some areas remained cluttered with other items and potentially compromised the safety of the building in the event of an emergency, for example a fire. We also noted there was a fire risk assessment had been drawn up by the registered manager and not a suitably qualified and experienced person. We recommend

the provider refers to relevant guidance, such as Regulatory Reform (Fire Safety) Order 2005 so that all necessary arrangements are in place to ensure the safety and protection of people living and working at the home.

We looked at the staffing arrangements in place at the home. We were told and records showed that two staff provided support between the hours of 10.00am and 6.00pm. Outside of these hours staff worked alone including a 'sleep-in' shift each night.

The team comprised of the registered manager, two deputy managers and three support workers. Staff were responsible for assisting people with their care, where required, domestic tasks and the preparing and cooking of all meals. We found routines were structured and centred on these tasks. When completed staff were seen to spend time in the office area in the basement with little social interaction with people.

Whilst the majority of people were able to come and go freely, two people required assistance to access the local and wider community. When asked people told us they had joined the group outings however had little opportunity to go out on their own with staff. Current staffing arrangements did not provide any flexibility of support for those people with additional support needs. Sufficient numbers of staff were not available or provided flexibility in support so that people's current and changing needs were effectively met. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection undertaken in June 2017, the registered provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were potentially placed at risk of harm or injury as detailed risk assessments and management plans were not available to guide staff so that people's changing needs were responded to safely and effectively. The overall rating for this key question was requires improvement.

During this inspection we reviewed the care records for four people. We saw that risk assessments had been improved. Assessments covered people's mental health history, self-harm, self-neglect and risk to others. Other risk assessments were completed where specific areas of support were required for people, such as bathing, scalding, use of the stairs and accessing the community. Risk assessments provided more information about possible triggers, signs and symptoms and the intervention required to help guide staff in recognising people's changing needs.

At the last inspection undertaken in June 2017, the registered provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and checks had not been effectively maintained to help ensure people's comfort and safety was maintained so they were not placed at risk of harm or injury. The overall rating for this key question was requires improvement.

At our last inspection we found there was no up to date five year mains electric check. The registered manager told us that the check had been completed however a copy was not available. During this inspection we saw a satisfactory check had been completed in April 2017. Other up to date servicing certificates included small appliances, gas safety, bath lift, fire alarm and emergency lighting.

We saw that a number of windows on the first floor had been fitted. Whilst these restricted the opening of windows the restrictor were not those as recommended within the Health and Safety Executive (HSE) published guidance on the use of window restrictors in care homes. The deputy manager told us that alternative restrictors would be fitted in line with the guidance.

We asked people if they felt safe living at Fernica and received the care and support they needed. We spoke with seven people, each of them felt safe living at the home and said they knew who and how to voice any concerns if needed. People commented, "I talk to staff when I don't understand something, they really look after me", "Staff do help me. I do feel safe", "I am safe, staff have helped me and do help me a lot, I'm happy here", "I am safe" and "I do feel safe and looked after here, staff are so kind, I tell staff if I have any worries and we work it through."

Systems were in place for the reporting and responding to allegations of abuse. Staff said and records confirmed that annual safeguarding adults' training was provided. We saw policies and procedures were available to guide staff in safeguarding and whistle blowing responsibilities (reporting poor practice). Whilst these had been reviewed some of the information was not accurate with regards to reporting issues to the Care Quality Commission (CQC). The registered manager told us they were in the process of reviewing and updating the policies and procedures.

The staff team had remained settled with no new staff having been employed since 2016. We reviewed staff recruitment files from our last inspection and found that all relevant checks had been completed. People we spoke with acknowledged the staff team was consistent.

Safe systems were in place to support people with their prescribed oral medicines. We were told and saw people go out independently to attend clinic appointments or were visited at home by the community psychiatric nurses (CPN's).

Stocks were held securely and accurate records were maintained with regards to the receipt, administration of medicines including those returned to the supplying pharmacy. We were told the service was not holding any controlled drugs (very strong medicines that may be misused). We saw information to show that all staff had completed training in medication administration. We were shown competency assessment and audit forms that were to be introduced to check that staff practice was safe.

Other medicines were kept and used as 'homely remedies', such as paracetamol and cough medicines. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription. Agreement had been sought from people's GP to check homely remedies could be used and did not impact on their prescribed medicines.

Hygiene standards continued to be maintained within the home. The provider did not employ designated domestic tasks. This was undertaken by all members of the team with assistance from people living at the home. We saw and people told us that, where possible, they tidied their own rooms, did their laundry and helped in the kitchen at mealtimes. Training records showed that annual updates continued to be provided in infection control procedures and health and safety. This helped to ensure staff understood what they needed to do to minimise the risk of cross infection to people.

In March 2017 the local authority health protection team completed an infection control audit at Fernica. The home achieved 94% compliance.

Is the service effective?

Our findings

We looked at the care records for four people to see how their needs were assessed and planned for. We were told that two people had recently moved into the home. Information about their assessed needs was provided by the local authority and an opportunity had been provided for people to visit the home prior to admission. However a pre-admission assessment had not been carried out by the provider prior to their admission. We spoke with the registered manager and deputy manager about the need for this information so that an informed decision could be made about the suitability of the placement. Without such information people needs, wishes and preferences may not be considered and planned for. This was a breach of Regulation 9 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we identified that care records for those people being deprived of their liberty did not show why the decision had been made or identify that an authorisation was now in place and how this impacted on the person. This did not demonstrate the principles of the MCA were being followed. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this key question was requires improvement.

At this inspection we again looked at whether the provider was working within the principles of the MCA. We saw that information about the two people currently being deprived of their liberty had been reviewed and updated. Records provided information about the decision made. People had been supported by an Independent Mental Capacity Advocates (IMCA's) as part of decision making process. The IMCA is a role created by the Mental Capacity Act 2005. A local council or NHS body has a duty to involve an IMCA when a vulnerable person who lacks mental capacity needs to make a decision about serious medical treatment, or an accommodation move. The IMCA will help support the person to make the decision, will represent their views and should act in the person's best interests. This helped to ensure that their rights were protected.

The registered manager told us there was no one else subject to a DoLS. However following a discussion with staff we were made aware that due to a temporary change in the health and well-being of a third person they were not able to leave the home alone. We spoke with this person who said they wanted to go out however when they asked staff they were told 'no'. We discussed this with the registered manager and deputy manager. We were told that whilst this person had capacity to make decisions for themselves they were concerned about current risks. Following our discussion the deputy manager spoke with the person

about accessing the community. On the second day of the inspection we saw this person leave the home independently for a short period of time.

We also saw that areas of restrictive practices were also in place, such as, holding cigarettes and money. People were said to have a limited income therefore money and cigarettes were budgeted so that people had sufficient available throughout the week. People were said to have the mental capacity and had agreed to these arrangements. Whilst records showed that these agreements had been made information was not sufficiently detailed to help demonstrate how and why these decisions had been made. The deputy manager said this information would be expanded upon as part of the review of care plans.

We found people's records clearly showed they had been involved and consulted with about their care and support. Where able people had signed their plans to evidence their agreement with the information recorded. People we spoke with told us, "If I suggest things, staff do listen, and ask how they can improve, really happy with this and feel that helps me get better", "They know me, and know how to help me" and "I talk to them all the time, it's great, they know how to help me. I go to meetings about my care and they help me."

We saw some information was available with regards to the DoLS procedures. Policies were currently under review to check that information clearly guided staff on the MCA and DoLS procedures. We were told and information showed that staff had received training in MCA and DoLS procedures.

At our last inspection we found that opportunities for on-going staff training and development were needed to help ensure staff have the knowledge and skills to support people safely and effectively. This was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this key question was requires improvement.

During this inspection we found that opportunities were provided to help staff develop their knowledge and skills.

As the provider had not appointed any new staff since the last inspection no recent inductions of staff had taken place. A previous review of staff files showed that new staff had completed a 'Skills for Care' induction on commencement of work. The registered manager should consider the implementation of the 'Care Certificate' for any future staff employed at the home. The Care Certificate is a standardised approach to training for new staff working in health and social care. The induction includes an introduction to the home, information about the individual staff member's role and policies and procedures.

At our last inspection we saw that supervision records focused on specific subjects, for example observation of medication administration, fire drill, supporting health professionals visiting the home. Sessions did not explore staff views about their work or any training and development needs they may have. However, staff said and records showed that these discussions took place within the team meetings. In addition, staff had a verbal and written handover at each shift change. This helped to ensure that information was communicated effectively and staff were kept informed.

We asked the registered manager about the training and support provided. We spoke with staff and examined training records. We found that on-going distance learning had been provided. Topics included; medication, infection control, health and safety, safeguarding adults, nutrition and hydration, managing aggression, mental capacity and equality and diversity. A further training session was to be completed in mental health awareness. Continuous learning helps staff to develop their knowledge and skill in carry out their role and responsibilities safely and effectively. Staff we spoke with felt they received the support they

needed.

We checked to see if people health care needs were appropriately met. People we spoke with said their needs were met. They commented; "Staff take me to the doctors when I need to go, they do look after me here" and "I go to the meetings about my care, we talk about what's best for me, and it's good." We looked at the care records for four people. We found improvements had been made with regards to people's records which had been expanded upon to provide more details about their specific medical and/or health conditions. This provided staff with information about the signs and symptoms and what to do if someone needed additional support. People living at the home had access to a range of health care professionals including GP's, CPN's, district nurses, podiatry, physiotherapist and stoma nurse. Detailed records were made of all visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

The deputy manager told us that should there be an accident or incident and someone required hospital treatment, staff would always provide an escort. This was to ensure the needs of people were appropriately communicated to medical staff. The deputy manager said they were to develop a transfer sheet providing a pen picture of the person and their current medication. This would be taken to the hospital and provide hospital staff with important information about the person that they would need to provide people with the care and support they required.

Support staff continued to take responsible for the preparation and cooking of meals. The service had a main kitchen where all meal were made and a smaller kitchen, which was used by people throughout the day to make drinks. This helped to ensure people had sufficient hydration. People we spoke with said could discuss their meals and what they would like to eat. We saw people had recently been asked their views about the meal choices, in a recent resident's meeting. People had requested some changes to the menu. In response to this people had been asked to list their meal preferences so that alternative meal choices could be planned for. One person we spoke with commented, "I get to choose what I eat, the staff do help, I go and buy things for the meals with a list I'm given."

Fernica comprises of two Victorian houses converted into one. Accommodation is provided over three floors and comprises of two lounges, a dining room and 14 single occupancy bedrooms with shared bathroom and toilet facilities on each floor. One bath was fitted with a bath chair, which helped to promote people's safety. There is no passenger lift.

We spent some time looking around the home and a small number of bedrooms. Accommodation was comfortable and some people had personalised their own rooms with their own pictures and belongings. Any general repairs or redecoration was completed by a maintenance man used by the provider. The provider was considering making two of the first floor bedroom larger. This would mean the maximum occupancy at the home would be for 13 people.

Is the service caring?

Our findings

At the time of our inspection there were eleven people living at Fernica. All but two people had lived at the home for a number of years. The atmosphere within the home was calm and relaxed and people were seen to get on well with each other. We saw people spent their time in communal areas or in the privacy of their own rooms.

All the people we spoke with said they liked living at the home and felt staff were very caring and understood them. People we spoke with said, "Staff look after me, they act like my Mum" and "I'm happy with everyone and everything here."

During the day we saw people spending their time as they choose. We were told that not many people had visitors to the home however some people maintained relationships with friends and family away from the home. During the inspection we saw one person going out to visit relatives and were told that another person had been on holiday with family. Following feedback from people the provider had purchased an electronic tablet so that people were able to maintain contact with friends and family overseas by email.

We found staff had a good understanding in relation to the individual needs of people. People told us they felt staff responded to their changing needs and would offer advice and support if they needed it. People told us, "Staff are very caring, they help in every way they can. There have been trying times on occasion, but they've always listened, and made sure that I'm okay", "Staff help me to do things that I want to do. I like them" and "They are really good, I am better when I listen to them. They take time to listen, and tell me what not to listen to in my thoughts" and "Staff encourage me to talk, I know who to talk to, they help me."

People continued to be supported in meeting their religious needs, should they wish. The local rabbi continued to visit each Friday, Shabbos as well as supporting people to observed festivals. One person still attended a Jewish centre taking part in some of the activities.

Individual records were in place with regards to people living at Fernica. Records were easily accessible for staff to refer to. People were encouraged to contribute to their plans, so their individual needs, wishes and preferences could be incorporated. Information about advocacy services was available and had been used where people needed help to make specific decisions about their care and support. This helped to ensure people's wishes and feelings were taken into consideration.

Is the service responsive?

Our findings

We looked at how people spent their time both in and away from the home. Most people continued to follow routines of their own choosing with little involvement from staff. However due to the physical needs of some people staff support was required, particularly if they wanted to access the local and wider community. We saw little evidence to show that staffing arrangements had been considered to help facilitate opportunities for these people.

We saw a number of people were seen to come and go freely following activities of their own choosing such as voluntary work, visit the local gym, local shops and cafes as well as visiting friends and family. One person told us they enjoyed doing 'errands', visiting the local shops for any groceries needed at the home. People also helped with household tasks such as laundry, washing up and cleaning their bedrooms. Two people commented, "We used to do things outside, but don't do it as much, we do go out, but we organise it ourselves as well" and "I have a structure for my day, I get up, go for a coffee round the corner, go to the gym, and do my chores, its good."

We were told that a trip had taken place to Blackpool and people had enjoyed meals out at local restaurants to celebrate a birthday and Christmas. Feedback received in the resident meeting minutes and information on the 'This is me' document evidenced that people wanted more of these opportunities. We were told everyone would need to agree to the trip as staffing levels did not provide any flexibility allowing some people to remain at home or pursue other activities should they wish to.

People had identified hobbies and activities they would like to experience. However we found staffing arrangements provided little opportunity to help facilitate and support people in achieving their individual goals and aspirations. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in June 2017 we found people's records were not person centred because they did not provide clear information about individual needs, wishes and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this key question was requires improvement.

During this inspection we reviewed the records for four people. We found that care records had been improved. Information had been expanded upon and provided more person centred information about people's needs, wishes and preferences. We saw that people had also been asked to complete a 'This is me' document. People wrote about what was important to them such as family and friends, hobbies and interests, what help they may need and their goals and aspirations including activities and opportunities they wished to explore. Records provided sufficient information to ensure staff were able to provide people with the care and support they needed and wanted.

We saw that people had also outlined their specific wishes and how they wanted to be cared for at the end of their life. We saw that people had expressed if they wishes to be resuscitated. We discussed with the

deputy manager about formalising such arrangements with the person and their GP so that their wishes were respected.

Information about how to make a complaint was provided in the home's Statement of Purpose and Service User guide, copies of which were provide in each room. A copy of the procedure was also displayed on the notice board and easily accessible to people and their visitors. We were told and records showed that no complaints or concerns had been received since the last inspection. All the people we spoke with said they knew how to raise a concern, and who to contact if they needed. One person commented; "When I need to tell someone something, I tell [registered manager and staff], they have always listened to what I've said every time, and we fix things that way."

Is the service well-led?

Our findings

The service is owned and managed by two registered providers, one of whom is also registered with the Care Quality Commission (CQC) as the manager. The registered manager is supported by two deputy managers and three support staff. At our previous inspection in June 2017 we identified seven breaches of the Regulations. We issued the provider with three warning notices in relation to Regulation 9 Person centred care, Regulation 12 Safe care and treatment and Regulation 17 Good governance. The overall rating for this key question was Inadequate.

During this inspection we found that improvements had been made and were satisfied that the requirement actions and one of the warning notices issued following the last inspection had been met. Sufficient action had not been taken to meet the requirements of Regulation 12 and 17. The overall rating for this key question remains Inadequate.

Whilst people said they were happy and cared for we found little evidence to demonstrate clear management and oversight of the service to help drive the improvements needed. A review of staff rotas for the four weeks up to the inspection showed that the registered manager completed five or six 'sleep-in' shifts per week. A sleep-in shift means staff work from 8am to 11am the following day. Between the hours of 11pm and 8am they sleep-in at the home. This meant the registered manager was responsible for providing the majority of care and support and at times did not have a break in shifts for up to several days. It was also noted that from 6.00pm each night the registered manager (or sleep-in staff member) worked alone. The registered manager said this was when they could complete their administration work. We were concerned that the registered manager was working an increasing number of hours, which meant they were not able to effectively support people as well as manage and improve the service.

Systems to monitor the service had yet to be implemented so that the provider was able to identify areas of improvement and demonstrate these had been acted upon. We saw that a medication audit had been developed but had yet to be completed. We were not made aware of any other checks. We discussed with the registered manager and deputy manager methods of gathering information about all areas of the service, such as health and safety, maintenance, care and staff records in addition to medication. Findings from the audits would then be used to develop the service improvement plan. This information would help to demonstrate effective oversight of the home so that people receive a good quality service.

At our last inspection we identified that the policies and procedures needed to be reviewed and updated so that information reflected current legislation and good practice guidance. During this inspection we saw that some policies had been reviewed however this was on-going.

During the last inspection we were told individual copies of the Statement of Purpose and Service User guide which were kept in people's rooms had been gathered together so that information could be amended and updated. During this inspection we were told these had yet to be completed.

This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 as adequate management and oversight was not in place to effectively monitor and review the service so that people were protected from the risks of unsafe or inappropriate care and support.

We looked at what opportunities were provided for people to share their views. Following our last inspection improvements had been made with regards to more formal resident meetings where people could share their ideas about the service. Minutes of such meetings were recorded. People we spoke with confirmed that regular resident meetings were held keeping them informed about events within the home as well as seeking their views. An annual survey had also been distributed. These asked people if they were happy with their care and support, feel they are looked after, have facilities that meet their needs and whether their visitors were treated with dignity. We noted that survey questions only required a 'yes' or 'no' answer and did not seek any meaningful information. We discussed expanding on information so that people's views were about how they felt the service could improve, if staff respected their privacy and dignity etc.

We were told that surveys were to be developed and distributed to health and social care professionals so that their views about the service could be sought.

We saw records to show and the staff and registered manager told us that there was regular communication between the team. As the team was small there was an opportunity for staff to work alongside each other. A communication diary was in place, which was utilised during the handover period and records showed that regular team meetings had also been held.

Prior to this inspection the provider completed an online form called the Provider Information Return (PIR) within the timescale required. The PIR is a document that should provide CQC with information about how the provider is ensuring the service is safe, effective, caring, responsive to people's needs, and well-led. We used this information as part of the inspection process.

A copy of the last inspection report including the rating was displayed on the notice board in the dining area and was easily accessible to people living at the home and their visitors. Eight of the ten people who completed the surveys said they were aware and had seen the inspection report.

Notifiable events such as accidents or incidents, which CQC should be made aware of, continued to be notified to us. This helps us to monitor the service ensuring appropriate and timely action has been taken where necessary.

As part of this inspection we contacted the Local Authority Commissioning and safeguarding teams and Bury Health Watch to seek their views about the home. We were not made aware of any concerns about the care and support people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Without relevant assessment information people's needs, wishes and preferences may not be considered and planned for. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to check water outlets were maintained at the correct temperature so that people were protected against the risk of harm or injury. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had again failed to implement effective monitoring and review of service so that people were protected from the risks of unsafe or inappropriate care and support. Regulation 17 (1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not available or provided flexibility in support so that people's current and changing needs were effectively met and enabled them to achieve

their individual goals and aspirations.
Regulation 18