

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

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

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.

This was an unannounced inspection of Fernica on the 25 January 2016. There were 10 people living at the home at the time of the inspection.

We last inspected Fernica in August 2014. All regulations reviewed at that time were met.

Fernica is owned by two proprietors. One of the owners was also the registered manager and was in day to day control of the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Care records did not contain sufficient information about people's needs, wishes and preferences to ensure the plans clearly guided staff on the care and support required. Areas of potential risk to people had not been assessed and planned for to ensure their health and well-being was maintained.

Checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe. The home was found to be clean, and free from any unpleasant odour. The registered manager was addressing areas of damp within the home.

We found the management and administration of people's medicines was safe.

People were supported by adequate numbers of staff. Relevant recruitment checks were carried out to make sure people applying to work at the service were suitable.

People living at Fernica were involved and consulted with on decisions about how they wished to be supported. The registered manager was aware of her responsibilities in relation to the Deprivation of Liberty Safeguards.

Opportunities for on-going staff training and development were provided to help ensure staff had the relevant knowledge and skills needed to support people safely.

People were offered adequate food and drink throughout the day, ensuring their nutritional needs were met. On-going support was accessed from relevant health care professionals so that people's health and well-being was maintained and people received any treatment they needed.

People were happy with the care and support they received and said staff were caring and friendly. Routines were relaxed, with people spending their time as they chose. Staff encouraged people to be as independent as possible.

The registered manager/provider was in day to day control of the service and was able to monitor and review the service provided. Opportunities were provided for people and staff to comment about the service and people felt confident any issues or concerns brought to the registered manager's attention would be taken seriously.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Whilst areas of risk had been identified in people's care records, assessments had not been completed to show how people were to be kept safe.

Suitable arrangements were in place to ensure the premises and equipment used by people was safe. Systems were in place to safeguard people from abuse.

Overall the system for managing medicines was safe.

People were supported by sufficient numbers of staff who were aware of their care and support needs. Recruitment checks were completed prior to new staff commencing work.

Is the service effective?

Good 

The service was effective.

The manager was aware of their responsibilities with regards to the deprivation of liberty safeguards so that people's rights were protected. People were involved and consented to the care and support they received.

Opportunities for staff training and development were provided so that staff developed the knowledge and skills needed to meet the specific needs of people.

People were provided with a choice of suitable food ensuring their nutritional needs were met.

Suitable arrangements were in place to ensure hygiene standards were maintained and the risk of cross infection was minimised.

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.

We saw people's care records were stored securely within the downstairs office. This meant people's information was kept confidential.

Is the service responsive?

The service was not always responsive.

Information about people and how they wished to be supported needed improving so that a more individualised plan of care was provided, that reflected their needs and wishes.

People were encouraged and supported to follow routines and activities of their choosing.

Systems were in place for people to raise any complaints and concerns. People told us they would always speak to the registered manager and staff if they were worried about anything.

Requires Improvement ●

Is the service well-led?

The service was well led.

The registered manager worked most days and had direct oversight of the day to day running of the home enabling her to monitor and review the service, so that on-going improvements were made.

Opportunities were made available for people and staff to comment about the service provided. People spoken with felt the management of the service was efficient.

The registered manager had notified the CQC as required by legislation of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Good ●

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 undertaken to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on the 25 January 2016. The inspection team comprised of one adult social care inspector.

Prior to our inspection we considered information we held about the service, such as notifications and enquiries. We did not request a Provider Information Return (PIR), prior to this inspection. 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. We also reviewed information sent to us by the local authority infection control lead; an infection control inspection had been carried out in November 2015.

During the inspection we spent time speaking with four people who used the service as well as the registered manager, who is also one of the owners. We looked around the building and checked two people's care records, medication administration records, two staff recruitment files, training records as well as information about the management and conduct of the service.

Following the inspection we also contacted the Local Authority commissioners and safeguarding teams to seek their views about the service.

Is the service safe?

Our findings

We spoke with four people about their experiences and what it was like to live at Fernica. All the people we spoke with felt they were kept safe living at the home. One person told us; "I feel safe here, there's always someone around".

We looked at the care records for two people to see how areas of identified risks were managed. We saw assessment information identified potential risks such as compliance with medication, self-harm, self-neglect or suicidal thoughts, which may result in or be an indication that the people's mental health is relapsing. We found no risk assessments or management plans had been put in place exploring possible triggers, signs and symptoms and what intervention would be required should people become unwell. This information is necessary to help staff recognise any changes in need so that appropriate action could be taken where necessary. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We looked at the staffing arrangements in place to support people living at Fernica. We spoke with people, looked at staffing rotas and observed the support offered throughout the day. People told us that staffing levels were sufficient and that they received the support needed. One person told us, "There's always enough staff, they help us when we need it".

The team providing support is small and comprises of the registered manager, deputy manager and four support staff. Staffing throughout the day generally comprised of two staff. Three staff were rostered on occasions if support was required for appointments or activities. One staff member slept in each night. We saw the majority of shifts were covered by the registered manager and deputy manager, who are also the proprietors. They too provided 'on-call' assistance if support staff covered a night shift. From our observations we saw staff responded to people's requests appropriately.

We looked at two staff personnel files to check how the service recruited staff. The files contained an application form including a full employment history. There were copies of the person's identification and written references. Disclosure and Barring Service (DBS) checks had also been carried out prior to new staff commencing their employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We noted that interview records had not been completed for each applicant to evidence their suitability, as per the home's policy. These records help to demonstrate that those people appointed to work at the home have been assessed as having the qualities and skills required for the role.

We checked the systems for the receipt, storage, administration and disposal of medicines at the home. One person told us "They help with my medication, make sure I take it" and "I go to the clinic for my injection, the doctor checks my medication".

We saw that policies and procedures for the management of the medicines were readily accessible for staff. As the team is small, all staff were involved in the administration of people's medicines. Training and

supervision was provided to ensure staff understood how to use the system in place.

We found that appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. Medicines were kept in a locked cupboard in the staff office. The service was not holding any controlled drugs (very strong medicines that may be misused). The registered manager was aware that suitable storage facilities in accordance with legal requirements would be required if controlled drugs were prescribed for people.

We looked at a sample of the medicine administration records (MARs). The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. It was identified from the MAR sheets that some medicines were to be given as a 'variable dose' of one or two tablets. We saw that information was available to guide staff when they had to administer medicines that had been prescribed in this way. Records also clearly showed what dose had been administered. This showed people were given their medicines as prescribed, ensuring their health and well-being were protected.

We saw documents that showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, electric circuits and portable appliance testing. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked at what systems were in place in the event of an emergency occurring within the home, for example a fire. The registered manager had implemented a continuity plan in the event of emergency or mains failure and a fire risk assessment, which was last reviewed in 2015. The records we looked at showed that checks had been carried out with regards to the fire alarm, fire equipment and emergency lighting. We saw personal emergency evacuation plans (PEEPs) had been developed, detailing the level of support required. This information assists the emergency services in the event of an emergency arising, helping to keep people safe.

We looked around most areas of the home and saw that the bedrooms, dining room, lounges, bathrooms and toilets were clean. One person told us, "It's a nice, I'm comfortable". We saw staff had access to protective clothing, such as disposable gloves. Hand-washing facilities were available in bedrooms, bathrooms and toilets. Policies and procedures were also available to guide staff in the management of cross infection. We were told all staff were responsible for completing domestic tasks and records showed that refresher training in infection control procedures and health and safety was provided. This helped to ensure staff understood what they needed to do to minimise the risk of cross infection to people.

We had received information prior to the inspection from the local authority health protection agency who had completed an infection control inspection at Fernica in November 2015. The home achieved 91% compliance. The registered manager said that an action plan had been submitted to show what steps had been taken to address the shortfalls identified.

We looked at how people were safeguarded from abuse. We saw that policies and procedures were available to guide staff in safeguarding people from abuse. However these needed reviewing and updating so that information clearly guided staff in the procedure to follow. The registered manager told us and information showed that training in safeguarding had been provided and was being updated by each member of the team. They said there had been no safeguarding concerns involving people at the service. This was confirmed by the local authority.

Is the service effective?

Our findings

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 promote people's independence. There was no passenger lift.

We spent some time looking around the home and a small number of bedrooms. Accommodation was comfortable and people had personalised their own rooms with their own pictures and belongings.

We found several rooms were affected by damp. The registered manager told us there had been a leak in the roof which had been repaired and the gable end was to be repointed. Further work was needed to two bedrooms in the basement. We discussed this with the registered manager who said this would be looked into. Once completed the affected décor would be addressed.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us people living at Fernica were able to make decisions for themselves; therefore no applications to deprive people of their liberty had been made to the supervisory body (local authority).

We found the MCA and DoLS policy and procedure was insufficient and did not provide clear information to guide staff should a person need to be deprived of their liberty. The registered manager said that this information would be sought and made available to staff. We saw that training in MCA and DoLS was currently being completed by all members of the team.

From our discussions with people, our observations and a review of people's care records we saw people were consulted and consented to their care and support. We found people made decisions about their support, routines and were seen to come and go freely from the home. Two people, due to their health conditions were said to prefer the company of staff. Where people needed support to manage their finances or cigarettes each day, records showed that support plans had been drawn up in agreement with the person about how these were to be managed. One person told us this was done to help prevent them from 'running out'.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Fernica. We were aware that the registered and deputy manager held current nursing registrations and were qualified as Registered Mental Health Nurses (RMN's) therefore were able to support and guide staff in relation to people's mental health needs.

We were told there was a programme of induction, staff supervision and appraisal and team meetings. We saw evidence of a completed induction on the personnel files for new staff. The induction included familiarising themselves with the environment as well as information about their daily responsibilities, people's support needs, emergencies, fire safety and medication. Records had also been made of occasional staff meetings, supervision meetings and an annual appraisal.

The registered manager told us that training was sourced from an external 'distance learning' provider. This involved staff completing a workbook which was then verified on completion. We saw current workbooks being completed by the team in a range of subjects including; MCA and DoLS, safeguarding adults, nutrition, mental health awareness, medication, fire safety and equality and diversity. On-going training helps staff to develop the knowledge and skills needed to support people appropriately and safely.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and spoke with people about the meals provided. People told us they were happy with the choice of food offered. One person told us; "The food is good, there's always enough and you can pick something different if you want". Another person said, "They cook some nice meals".

We found the kitchen was clean with sufficient fresh, frozen, tinned and dried food stocks available. We saw records were completed in relation to temperature checks, menus were displayed and a list of alternative options should people want something different from the menu. In addition to the main kitchen there was a smaller kitchen area, where people were able to make drinks when they wanted. We saw people regularly accessed this area to make drinks. This helped to ensure people had sufficient hydration.

We saw all staff were completing training in relation to nutrition. Some staff had previously completed training in food hygiene and infection control procedures.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. The registered manager said that staff would always attend mental health reviews and provided feedback to the clinical team about the health and well-being of people. Records looked at supported what we were told. This helped to ensure the needs of people were communicated to other agencies so that continuity of care could be provided.

Is the service caring?

Our findings

We spoke with people who used the service and staff and observed how people spent their time. People we spoke with told us; "It's very relaxed, like a family. We all get on most of the time and look out for each other" and "I like them [the staff], there's no pressure put on you. They have helped me a lot". When asked what it was like to live at Fernica. One person told us, "It's fantastic".

There were 10 people living at the home when we visited. Most of the people had lived at the home for many years and knew each other well. We saw people chatting and helping each other throughout the day. The atmosphere within the home was calm and relaxed. We saw people spent their time in communal areas or in the privacy of their own rooms.

The registered manager and deputy manager, who are also the registered providers, were very visible and provided support to people on a daily basis. We saw they made themselves available to speak with people throughout our inspection and responded quickly to any requests made for assistance.

In the kitchen area we saw a large information board displaying information of interest for people. This included details of advocacy services available locally should people wish to seek independent advice and support.

The home had accommodation available in the basement area, which enabled them to provide rehabilitation support to someone wishing to develop the skills needed to live independently. This comprised of a separate lounge/kitchen, bedroom and bathroom with a separate entrance to the building. At the time of the inspection this support was not being provided.

The registered manager said they were aware the physical abilities of some people were changing as they got older; therefore they were considering changing one of the bathrooms into a shower room, making it more accessible enabling people to maintain their independence for as long as possible. The registered manager said that people would be supported to meet their changing needs for as long as possible, with support from external health care support where necessary.

We saw information about people who used the service was treated confidentially. Care records were kept in a locked cupboard in the staff office and were easily accessible to all staff.

Is the service responsive?

Our findings

From our discussions with the registered manager and review of records we found that relevant pre-admissions assessments were undertaken prior to people moving into the home. Additional assessment information was also sought from the funding authority detailing people's mental health history, including admissions to hospital and any areas of potential risk. This enabled the service to make a decision about the suitability of placements.

Information gathered was then used to develop the person's care plan. We examined the records for two people. We found the care plans did not contain sufficient information to guide staff in supporting people to meet their needs. We saw plans explored people's mental health needs, medication and activities of daily living. Information provided was vague; for example; a generic list was recorded in areas of daily living; this was not specific to the person and did not provide any information about the person's individual abilities, preferences or routines. Plans in relation to people's mental health did not explore their medical history, behaviours and how to support the person if their needs changed. Recent reviews of care plans had not been completed. This was a breach of Regulation 9(1)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.

People we spoke with told us about how they spent their time. They said they were encouraged, as much as possible, to take responsibility for themselves and maintain their independence by carrying out household tasks and daily living skills; such as budgeting, shopping, laundry and washing up. During the inspection we were aware several people had gone out shopping and one person was seen sorting their laundry.

People told us about other activities they were involved in. We heard some people had structured activities whilst others had a more relaxed routine. We were told that one person worked at a charity shop, another person liked walking and visiting the gym and a further person visited a local day centre. One person said they had enjoyed a holiday supported by a member of staff and were hoping to plan another trip in the summer.

We were told that consideration was given to people's cultural and religious needs. Four people living at the home were of the Jewish faith. We were told the Rabbi continued to visit every Friday for Shabbos prayers and festivals were observed. One person continued to visit a local Jewish day service for bagel brunch on Sundays. Activities had also taken place over the Christmas period, which included everyone enjoying a meal at a nearby restaurant. People spoken with said; "It was a lovely meal, we all went together" and "I like going for meals, we had a good time".

We looked at how the registered manager addressed any issues or concerns brought to their attention. We were told no complaints had been received since our last inspection in 2014.

We saw the service had a complaints procedure displayed on the board in the dining room and it was easily accessible to people. Information did not clearly inform people of the external agencies they may wish to contact should they need to. The registered manager said this would be updated following the inspection.

We asked people what they would do if they had any concerns. All four of the people we spoke with said they would speak to any of the staff if they had any concerns or were worried about anything. People's comments included; "I've not got any complaints" and "You can tell them [the staff] anything, they would sort it out".

Is the service well-led?

Our findings

The service was managed by a registered manager who took responsibility for the overall management of the service. The registered manager was supported in their role by a deputy manager and four support staff. The registered manager and deputy manager, who are also the registered providers, had been responsible for the service for many years and provided direct support on a daily basis to people who used the service.

People spoke positively about the management of the home. They felt the managers were approachable and provided a good service. One person told us; "They are very efficient, always on top of things".

We looked to see how the registered manager monitored the service provided so that improvements were made where necessary. We saw that the registered manager had involvement and oversight of all areas of the home including care records, medication, training, recruitment, management systems, health and safety and the environment. This helped to ensure that any action identified could be addressed without delay. We found policies and procedures were in place for staff to refer to. These had been regularly reviewed. From our discussion the registered manager was aware some information needed updating.

We saw opportunities were provided for people and staff to comment on the service and share ideas. We were told and saw records to show that resident meetings were held; this was also confirmed by people we spoke with. One person told us; "We don't have to wait for a meeting we can speak with [registered manager] at any time and comment on things". Minutes of staff meetings were also available and showed discussions with the team included training, policies and procedures and events within the home.

We were told that annual feedback surveys were also sent out to health and social care professionals involved in people's care and support. However the registered manager said these had not been distributed in 2015 due to the reduced involvement of support teams.

We contacted the Local Authority commissioners and safeguarding teams to seek their views about the service. The local authority quality monitoring team had carried out a review of the service. An action plan was provided by the registered manager showing how they were to address the issues identified. We were not made aware of any concerns.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care records did not contain sufficient information to guide staff in how people wished to be supported, reflecting their individual needs and preferences. This was a breach of Regulation 9(1)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were not in place exploring possible triggers, signs and symptoms and intervention required should people become unwell so that staff are able to recognise any changes in need and take appropriate action where necessary. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>