

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 responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Fernica (Residential Care Home), known as Fernica, is a small family-run residential care home for up to 14 people living with mental health difficulties. At the time of our inspection there were 10 people living at the home. Each person had their own bedroom and shared bathrooms, lounges and dining room.

People's experience of using this service and what we found

Staffing arrangements remained inadequate. The registered manager still worked an excessive number of hours and sleep-in duties. The registered manager's oversight of the home remained inadequate. The registered manager continued to focus mainly on care tasks, with the deputy manager completing most of the managerial functions at the home. These were ongoing issues identified in inspections since 2017.

Some improvements had been made. Staff were safely recruited, infection control procedures followed current government guidance, notifications to the CQC had been made. People were able to go out when they wanted to, and visitors could visit people. The home had made links with the local authority, the infection control team and had joined a provider forum.

People continued to receive their medicines as prescribed. Risk assessments and care plans identified people's support needs and were regularly reviewed. Staff had completed the training for their role and felt supported by the registered manager and provider. Incidents were recorded and reviewed by the deputy manager.

People said they liked living at Fernica. There were regular residents' meetings to gain feedback from people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was inadequate (published 21 April 2022) and there were 5 breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider to monitor progress on the identified actions.

At this inspection we found the service remained in breach of some regulations. Improvements had been made in other areas.

At our last inspection we recommended that the provider supported people to avoid social isolation and

access the community based on their personal preferences and needs. At this inspection we found improvements had been made.

Why we inspected

We carried out an announced comprehensive inspection of this service on 8 February 2022. 5 breaches of legal requirements were found.

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked the provider had followed their action plan for the 3 other breaches we had found and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernica (Residential Care Home) on our website at www.cqc.org.uk.

Enforcement

We have identified continued breaches in relation to safe staffing arrangements and the registered manager's lack of oversight of the service to ensure good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of

inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

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.

Details are in our safe findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-led findings below.

Fernica (Residential Care Home)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Fernica is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Fernica is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. We wanted to be sure there would be people at home and the registered manager would be available to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives and friends about their experience of the care provided. We spoke with 5 members of staff, including the registered manager, deputy manager, care workers and domestic staff. We reviewed a range of care records for 2 people and 4 people's medication files.

We looked at 2 staff files in relation to recruitment. We reviewed a range of records relating to the management of the service including audits and policies.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had not ensured safe staffing arrangements. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The staffing arrangements continued not to be robust or sufficient. The registered manager continued to work excessive hours and did not take enough breaks. Over a 4-week period the registered manager worked between 76 and 83 hours per week and slept at the home 5 nights each week. They did not have a full day off throughout the 4-week period. This issue had been noted in the previous 3 inspections since February 2018.
- A care worker had been off sick for 4 months. Arrangements had not been made to cover these hours, resulting in the registered manager working most of them.
- We were told the home was trying to recruit another housekeeper and a care worker but had not been successful in doing so. Agency staff were not used at the home to cover these hours. A housekeeper had been employed for 16 hours per week, but care staff continued to cover cleaning duties on the days they were not working.

The provider had not ensured safe staffing arrangements were in place. This was a continued breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had not followed safe recruitment practices. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

Preventing and controlling infection

At our last inspection the provider had not complied with national COVID-19 guidance. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff followed the current government guidance for the use of personal protective equipment (PPE). Hand sanitiser was available within the home. The home was clean throughout and had worked with the local authority infection control team to ensure current guidance was known. Monthly infection control audits had been started.
- People were able to go out when they wanted to, and visitors were able to come into the home as per current government guidance.
- COVID-19 had been discussed with people in their resident's meetings. People had decided they wanted to continue with regular COVID-19 testing, even though this was no longer mandatory. Some people also chose to wear masks within the home, which were provided by the home.
- COVID-19 risk assessments had been written for each person and member of staff. Staff had completed infection control training.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and audited each month.
- Storage of people's medicines had been improved, with each person's medicines stored in separate, labelled boxes.
- The stock quantity for one person's 'as required' medicine was not carried forward between medicines cycles. This meant it was not possible to stock check this medicine. Other people's as required medicines were carried forward. We discussed this with the registered manager, who said they would ensure all medicines carried over from one medicine cycle to the next were recorded.

Assessing risk, safety monitoring and management

- Risk assessments, and guidance for staff to manage these known risks, were in place for a range of areas, including mental health and daily living skills. All risk assessments were regularly reviewed. Staff knew people's needs and how to mitigate the risks they faced.
- An environmental risk assessment was in place. This identified potential risks within the home and showed the actions required to mitigate them.
- The provider made sure most servicing of the premises and equipment took place at the appropriate time. However, the fire alarm service was overdue. The contractor had cancelled an appointment and it had not been re-arranged. The home followed this up immediately with the contractor. Staff completed weekly checks of the fire system.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff completed annual training in safeguarding and knew how to report any concerns they had.
- Care workers knew how to report and record any incidents and accidents. These were reviewed by the deputy manager and actions identified to reduce the risk of a re-occurrence.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider supported people to avoid social isolation and access their community. The provider had made improvements.

- People told us they were able to go out when they wanted to, and people were able to visit them at the home. Most people went out independently. One person said, "I went out with my brothers a couple of Sundays ago." A relative said, "I visit a few times a year. The staff are brilliant and they're always welcoming."
- Since our last inspection one person had received additional support through the social services department for one to one support each week so they could go out more. The deputy manager had also requested an assessment for similar support to be provided for one other person.
- A new housekeeper had started at the home which meant the care staff did not have to do as much cleaning. People said some activities were arranged in the home, for example bingo and film nights.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred plans identified people's support needs and provided guidance for staff on how to meet these needs. The plans identified signs of a possible relapse in a person's mental health, possible triggers for this and the actions staff should take to support people's mental health.
- People said they were involved in agreeing and reviewing the support plans. Relatives said there was good communication with the home, and they were kept up to date with regards to their relative. A relative said, "[Registered manager] rings me quite often to keep me up to date with what's going on and if [Name] needs anything."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and taken into account when planning their support.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints. No complaints had been received since our last inspection.
- People and relatives said they would speak with the registered manager if they had any complaints and felt these would be resolved informally. One person said, "I speak to [registered manager] if I'm not happy. I can always find staff if I need them." A relative said, "If I had any concerns I could ring [registered manager] and have an honest conversation."

End of life care and support

- No one currently supported by Fernica was receiving end of life support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had inadequate management and leadership arrangements to ensure good governance and compliance with regulations and government guidance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager continued to not fully understand their role and responsibilities as a registered manager. The majority of the management of the service was delegated to the deputy manager, who supported the inspector during the inspection instead of the registered manager.
- A programme of refurbishment was planned at the home, including replacing bathrooms, redecoration and replacing carpets, fire doors and the front door. However, these were taking a long time to be started due to issues with contractors and trying to co-ordinate the order the work was completed in. The deputy manager was dealing with all the contractors for this work.
- Whilst we were told the home were trying to recruit new staff, steps had not been taken in the interim to manage the registered managers hours. This left the service at risk if the registered manager was unable to work their planned shifts.
- Fernica had been rated inadequate 3 times and requires improvement once in the well-led domain for the last 4 inspections (since June 2017) prior to this inspection. The registered manager had not made the required improvements throughout this time.

The registered manager continued to not have adequate oversight of the service to ensure good governance and compliance with regulations. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made in other areas since our last inspection. A business plan was in place highlighting plans for improving the home and a housekeeper had been safely recruited. The home had also made links with external agencies. This had been driven by the deputy manager rather than the registered manager.

- Quality audits had been introduced and were completed monthly, including medicines and infection control. Equipment was regularly checked, either by care workers or external contractors.

At our last inspection the provider had failed to submit statutory notifications where required to do so. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Notifications had been made to the CQC appropriately since our last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about living at Fernica. They said they could speak with the care staff or registered manager if they had any concerns. One person said, "I'm quite happy living here. I can always find staff if I need them."
- Relatives were also positive about the care and support provided by Fernica. One relative said, "When I ask [Name] about where they live, they say they're happy there and [Name] doesn't want to move anywhere else."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood its responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held to ask people what they thought of the home. One person said, "We have meetings to allow all the house to talk and say what they want to do. We talk about the house and going out."
- The service met people's cultural needs, for example practicing their faith and accessing culturally appropriate activities.

Working in partnership with others

- The service had started working with the local authority commissioning, infection control teams and had joined a local provider forum. They had also joined the Bury Learning initiative to access additional face to face training opportunities.
- Fernica also worked well with community health teams and GPs.