

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

Inspection report

18-20 Kings Road
Prestwich
Manchester
Greater Manchester
M25 0LE

Tel: 01617736603

Date of inspection visit:
05 June 2017
06 June 2017

Date of publication:
02 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 June 2017. At our last inspection in January 2016 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to lack of information detailed with people's care plans and risk assessments. We asked the provider to send us an action plan telling us what action they were to take to meet the regulations. This was not provided. During this inspection we checked to see if the breaches in regulation had now been met. Relevant action had not been taken.

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 nine 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.

People's care records did not contain enough information to guide staff on the care and support required. Whilst records showed that risks to people's health and well-being had been identified, plans to help reduce or eliminate the risk were not in place.

The providers had failed to ensure the premises were kept safe. We saw the fire risk assessment had not been kept under review, several windows were not adequately restricted, water temperatures were not routinely checked and there were no records in place to confirm a satisfactory periodic inspection of the electrical installation had been undertaken. This placed the health and safety of people who lived, worked and visited the home at risk of harm.

Lawful authorisations were in place where people were being deprived of their liberty. However information did not demonstrate the principles of the MCA were being followed.

Opportunities for staff training and development needed improving to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Pre-inspection information requested from the provider, which is required by law, had not been provided to CQC as requested.

There was no effective system in place to assess, monitor and improve the quality and safety of the service so that improvement were identified and acted upon. Better opportunities could be provided for people and

their relatives to comment on the service provided.

Notifiable events such as accidents or incidents, which CQC should be made aware of, had been notified to us. Authorisations to deprive people of their liberty had recently been agreed. Notification forms were sent to CQC during the inspection.

During this inspection we identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches identified at the previous inspection also remained outstanding. You can see what action we have told the provider to take at the back of the full version of the report. We are considering taking enforcement action in relation to the breaches identified.

Adequate numbers of staff that had been appropriately recruited were available to support people

Staff were aware of their responsibilities in protecting people from abuse and knew the procedure to follow so that people were kept safe.

Improvements were being made to enhance the standard of accommodation provided for people. Relevant checks were carried out to the fire alarm and equipment to help keep people safe. Hygiene standards were maintained to help minimise the risks of cross infection.

The management and administration of people's medicines was safe and demonstrated people received their medicines as prescribed.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Staff encouraged people to maintain their independence and offered support and encouragement when needed. Interactions between staff and people were polite and friendly and people were treated with respect.

People had lived at the home for some time and said they were happy and settled. We saw people followed their own routines taking part in activities of their own choosing. Consideration was given to people's cultural and religious needs.

The provider had a system in place for the reporting and responding to any complaints brought to their attention. People told us they could raise any issues if they needed to.

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.

The providers had failed to ensure the premises were kept safe. This placed the health and safety of people who lived, worked and visited the home at risk of harm.

Management plans to minimise areas of risk had not been put in place so that staff could quickly respond to people's changing needs.

People were protected from harm as the management and administration of prescribed medicines was safe.

People were cared for by adequate numbers who had been appropriately recruited. Staff had received training on identifying and responding to allegations of abuse and were aware able to demonstrate their knowledge and understanding.

Is the service effective?

Requires Improvement 

The service was not always effective.

Where people were being deprived of their liberty relevant authorisation had been sought from the supervisory body (local authority). However information did not demonstrate the principles of the MCA were being followed.

Opportunities for staff training and development needed to be improved to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. People had access to a range of health care professional to help ensure their health and well-being was maintained.

Is the service caring?

Good 

The service was caring.

We saw that staff encouraged people to maintain their independence and offered support and encouragement when

needed. Daily routines were flexible with people taking part in activities of their own choosing.

Interactions between staff and people were polite and friendly and people were treated with respect.

People's records were stored securely in the office. This helped to ensure confidentiality was maintained.

Is the service responsive?

The service was not always responsive.

Care plans were not person centred in providing good information about the current needs, wishes and preferences of people so staff were clearly directed in the care and support people needed.

We saw people followed their own routines taking part in activities of their own choosing both in and away from the home. Consideration was given to people's cultural and religious needs.

People told us they were able to raise any issues or concerns with staff if needed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Pre-inspection information requested from the provider, which is required by law, had not been provided as requested.

Robust systems to effectively monitor, review and improve the quality of service provided were not in place to help ensure people were protected from the risks of unsafe or inappropriate care and support. Better opportunities could be provided for people and their relatives to comment on the service provided.

One of the providers was also the registered manager and took responsibility for the day to day management of the service.

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. They did not return a PIR and we took this into account when we made the judgements in this report. Providers are required by law to complete and return the PIR when requested to do so. Failure to do so is an offence.

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.

This inspection took place on the 5 and 6 June 2017. The inspection team comprised of an adult social care inspector.

During the inspection we spent time speaking with five 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 as well as three 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

We asked people living at Fernica if they felt safe and whether their needs were met safely and effectively. All the people we spoke with said they were 'happy' and 'settled'. Other comments included, "I feel safe because the staff help me when I need it", "They look out for me" and "I feel safe and secure."

During our last inspection we identified that risk assessments and management plans to help minimise the risks to people had not been put in place. During this inspection we reviewed the care records for three people. Information showed that areas of risk had been identified with regards to people's mental and physical health such as; epilepsy, aggressive and agitated behaviour, poor mobility, self-harm or self-neglect. However we found no progress had been made since the last inspection. Records did not provide any information about possible triggers, signs and symptoms and the intervention required to help staff recognise people's changing needs. We discussed this with the registered manager and a member of staff. No explanation could be provided. We were told by the staff member that following a visit from the local authority a new care planning document was to be introduced and this information would be incorporated. People were potentially placed at risk of harm or injury as detailed risk assessments and management plans were not available to guide staff to ensure people's changing needs were responded to safely and effectively. We found this was a continued breach of Regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we looked at what arrangements were in place should an emergency arise. We saw 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. This helps to maintain continuation of the service with minimal disruption to people.

Records showed that internal checks were carried out with regards to fire safety. We saw fire safety and evacuation procedures were discussed during staff supervisions and formal training had been provided. Records showed that individual personal emergency evacuation plans (PEEPs) had been completed. This information is important and helps to assist the emergency services in the event of an emergency arising, such as fire. However we noted that the fire risk assessment had not been reviewed and updated since 2015. This information should be kept under review so that potential risks are minimised and people are protected.

We looked at other records to check that equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions and were seen. These included checks to the gas safety, small electrical appliances, fire alarm and fire equipment, such as extinguishers. There was no evidence of an up to date satisfactory 5 year electric check. The registered manager told us that the check had been completed however a copy of the report had yet to be received. A review of the visitor's book showed that the electrician had visited the home on four occasions during March and May 2017. We asked that the registered manager sought a copy of the report and forwarded it to CQC. This had not been provided at the time of writing this report.

During the inspection we spent time looking at the premises. We found the home to be clean, tidy and free from malodours. We saw that some areas including two unoccupied bedrooms and the hallway in the basement were cluttered with unused or unwanted items and posed a potential hazard. We discussed this with the registered manager who said that unwanted items would be removed.

We asked to see records to monitor water temperatures to demonstrate these were safely maintained. The providers told us and records showed that checks were only completed to the assisted bath. We were told that all outlets were fitted with thermostatic control valves (TCV) to help control water temperatures. 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. Whilst windows were fitted with restrictors we found that windows in several bedrooms were not working properly. The registered manager said these would be checked and where necessary made safe.

Systems and checks need to be effectively maintained to help ensure people's comfort and safety is maintained so they are not placed at risk of harm or injury. This was a breach of Regulation 12(1)(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were told all staff were responsible for completing domestic tasks. Training records showed that training had been 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.

Prior to the inspection we had received information from the local authority health protection team. They had completed an infection control audit at Fernica in March 2017. The home achieved 94% compliance.

We looked at how people were safeguarded from abuse. Policies and procedures were available to guide staff in safeguarding people from abuse. However it was identified at our previous inspection that this information needed to be reviewed and updated so that they clearly guided staff in the procedure to follow. This had not been addressed. The registered manager told us and information showed that recent annual training in safeguarding had been provided for all members of the team. Staff knew what action was required should an issue arise so that people were protected. Following our last inspection we were notified of an issue, which was reported to the local authority. Appropriate action had been taken by the registered manager to address this matter. As part of this inspection we contacted the local authority safeguarding team. We were not made aware of any issues or concerns.

We looked at what systems were in place when recruiting new staff. The registered manager told us and information showed that no new staff had been employed since the last inspection. Our findings at the last inspection showed that relevant information and checks had been carried out prior to new staff commencing work. This helps to ensure that only those suitable to work at the home are offered employment.

We looked at the staffing arrangements in place to support people living at Fernica. We spoke with people who used the service and staff, looked at staffing rotas and observed what support was offered throughout the day. The team comprised of the two providers (one of whom is also the registered manager) and 4 support staff. We saw that two staff were on duty throughout the day reducing to one member of staff during the evenings and during the night. Additional 'on-call' support was available should advice and support be required outside of office hours. Where staff were required to support people to appointments extra staff cover was provided. We were told that the team was stable with some staff having worked at the home for many years. This provided people with continuity of support by staff who were aware of their individual support needs.

We found the management and administration of people's medicines was safe. All of the people we spoke with said staff assisted them with their medicines. One person told us they were aware of the medicines prescribed for them and that they received them regularly. Another person said that staff supported them to the clinic when they needed blood tests to check their medicines were working effectively.

All of the staff were responsible for the administration of people's medicines. Records showed that training in this area had been provided. A review of the medication system showed that stocks were stored securely. The registered manager said that the service was not holding any controlled drugs (very strong medicines that may be misused). We saw that records were maintained with regards to the receipt, administration of medicines including those returned to the supplying pharmacy.

Other records were maintained with regards to '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. Documents were in place to show that stocks were regularly checked and people's GP's had been consulted about the use of homely remedies to ensure there use did not impact on their prescribed medicines.

We were told that a full audit of the medication system was not routinely carried out. An audit of the system had however been completed by the supplying pharmacy in March 2017. However the registered manager said they had not yet received a copy of their report. We asked that this was sought and a copy provided to CQC. At the time of writing this report this had not been received.

Is the service effective?

Our findings

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 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. The majority of people living at Fernica were able to make decisions for themselves and were independent in accessing the local and wider community. Due to their changing needs the registered manager had made application to the supervisory body (local authority) to deprive two people of their liberty. Authorisations had been approved. We were told and saw information to show that people were supported by legal representatives and Independent Mental Capacity Advocates (IMCA's) as part of decision making process. The Independent Mental Capacity Advocate (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.

We looked at the care records for the two people being deprived of their liberty. There was no information to show why the decision had been made to make a DoLS application. Records did not evidence the person lacked the mental capacity to make decisions for themselves. Furthermore the plans did not 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. We found this was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care records showed people had been consulted about their care and support and had signed their care records. One person told us, "They [staff] know what support I would like."

Policies and procedures were not in place with regards to MCA and DoLS. This information is essential to help inform and guide staff where people lack the mental capacity to consent to their care and where restrictions are in place ensuring practice is lawful. At our previous inspection we saw that MCA and DoLS training was planned for staff. However a review of training records showed that this course had only been completed by two members of the team. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. One staff member we spoke with was able to demonstrate their understanding of the DoLS procedures.

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 asked the registered manager about the training and support provided, spoke with staff and examined training records. We found that on-going training and development had not been provided to staff so that they were able to carry out their role and responsibilities safely and effectively.

There had been no new staff employed since our last inspection. We were aware and saw information to show that staff had completed an induction on commencement of their work along with areas of training, such as food hygiene, health and safety, infection control, medication, safeguarding and risk assessments. However records were not supported by a copy of the certificate signed off by the training provider.

Both providers were registered mental health nurses (RMN) and were able to guide and support staff in relation to people's mental health needs. We noted there was a policy on physical intervention which stated all staff would receive training in this area. The appraisal notes for one member of staff stated they 'did not feel confident in dealing with confrontations and challenging behaviour'. When asked the registered manager acknowledged that this training had not been provided. Records also showed only two staff had completed MCA and DoLS training. The registered manager said that all staff had completed this course however could not provide any information to evidence this. A review of training records showed four staff had not completed any further training, other than safeguarding, since the last inspection in January 2016.

We were told that opportunities were provided for individual supervision meetings and team meetings. Records showed that occasional team meetings had been held but not for some time. We saw that supervision records focused on a specific subject, for example testing the fire alarm or observing medication administration. They did not explore staff views about their work or any training and development needs they may have.

We saw that verbal staff handovers were completed at each shift change. The registered manager said the newer members of the team had requested written information informing them of events particularly when they had been away from work for a period of time, such as annual leave. The registered manager was to introduce a handover book so that any changes in people's care and support needs were properly communicated to all members of the team and acted upon.

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 meant there was a breach in Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's health care needs were appropriately met. People told us that staff would assist them to make any appointments and provided support where necessary. One person told us they had recently been fitted with new shoes to help with their mobility. Another person said staff had helped them arrange hospital tests due to concerns about their health. Records confirmed what we were told and detailed any action required to help maintain people's health and well-being. Information showed people had access to a range of external health care professionals, where necessary. These included their GP, dentist, podiatrist, community psychiatric nurses (CPN's) and psychiatrists.

We asked people their views about the choice of meals offered. Two people we spoke with were Jewish. Whilst they chose not to follow a Kosher diet, one person told us that Kosher food had been purchased when requested. People also told us, "The food's very nice" and "It's great, I like the choice." One person had difficulty in eating certain foods therefore alternatives were offered. As the service is small, support staff were responsible for the preparation and cooking of meals. Records showed that all staff had completed

training in food hygiene and infection control.

We looked at the kitchen and food storage areas. Sufficient stocks of fresh, frozen, tinned and dried food stocks available. We saw records were completed in relation to temperature checks, menus were displayed. Throughout the day people had access to a smaller kitchen area, where they 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.

Records showed that people's weight was monitored. The registered manager told us that if they had concerns about people's diet or weight loss they would seek advice and support from the dietician or Speech and Language Therapist.

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 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.

We were made aware at the last inspection that work was required to the roof and gable ends of the property. This had caused areas of damp in several rooms. During this inspection we were told that the building work had been completed. However work was still on-going to refurbish the rooms. One person we spoke with said they had been involved in choosing the colour scheme for their room.

Is the service caring?

Our findings

During this inspection we spent some time speaking with people who used the service. People we spoke with told us, "It's a happy and relaxed environment", "I look forward to celebrating people's birthdays" and "We're all very settled."

People living at Fernica had lived together for some time. From our discussions they clearly knew each other well and some enjoyed the company of each other, sitting and chatting together. People were also encouraged to maintain relationships with friends and family. We were told one person met regularly with friends and enjoyed meals out at restaurants. Whilst another person had taken a holiday with family. This helped to promote people's emotional well-being.

The staff team had also been very stable. Those staff spoken with clearly had a good understanding of people's individual needs. Interactions between staff and people were polite and friendly and people were treated with respect.

We saw that people were able to spend their time as they chose. Daily routines were flexible with people rising and retiring when they wished. During the day people were seen coming and going visiting local shops or taking part in an activity. One person said they enjoyed the quiet of the music room, whilst others preferred to relax in the privacy of their own rooms. This was seen during the inspection.

We saw that staff encouraged people to maintain their independence and offered support and encouragement when needed. People were said to take part in household tasks. People told us they 'took it in turn' to wash the pots and were responsible for cleaning their own rooms and doing their laundry. Staff offered support where this was needed. This helped people maintain their daily living skills.

The home had sufficient aids and adaptations including assisted bathing facilities. The registered manager said that due to changes in people's physical needs they were exploring other adaptations to help promote people's independence and maintain their safety.

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.

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

We spoke with the registered manager about the assessment process when people were referred to the service. We were told there had been no new admissions since 2015. However the registered manager said that the admissions process would involve an assessment of the person's support needs as well as requesting information from the funding authority about their mental health history, including admissions to hospital and any areas of potential risk. This would enable the service to make a decision about the suitability of placements.

During our last inspection in January 2016 we identified that care plans did not contain sufficient information to guide staff in supporting people to meet their individual needs. Records also lacked details in relation to person's individual abilities, preferences or routines. During this inspection we looked at the care records for three people to see what improvements had been made. We found that no changes had been made to the records. For example, plans in relation to people 'activities and daily living' included a generic list of prompts. This had not been expanded upon to include specific information about people. We discussed this with the registered manager and a member of staff who acknowledged that the improvements needed had not been made. 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(1)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people spent their time both in and away from the home. People said they had a bus pass, which enabled them to travel around the local and wider community. We were told that one person enjoyed going out with friends for dinner and another person liked the cinema and gym. Other people had voluntary jobs or attended a local day centre. Two people had more relaxed routines and told us that due to their changing health needs they relied on staff for support to take part in community activities. People also told us they enjoyed group activities, such as meals out to celebrate birthdays or Christmas. People told us, "I can come and go when I want" and "I like to spend times with my friends."

We were made aware that people living at the home were of different faiths. Four of the nine people were of the Jewish faith. We were told a Rabbi continued to visit every Friday for Shabbos prayers and festivals were observed. Two people continued to visit a local Jewish day service.

We looked at how the provider responded to people's complaints or concerns. We were told no concerns had been raised by people living at the home. However one concern had been raised with them by the local authority. This had been addressed and appropriate action taken.

We saw a complaints procedure was displayed on the notice board and easily accessible for people and visitors to refer to. The procedure was also contained in the information pack people received about the service on admission, which were kept in their bedrooms. A review of the procedure showed that information needed updating so that contact details of relevant agencies were provided. We were told that all packs had been gathered up so that the document could be reviewed and updated where needed.

None of the people we spoke with raised any issues or concerns. One person told us "We all get on well together." Another person said, "[Registered manager] will listen to me if there's something worrying me."

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 providers are supported by four support staff.

At our previous inspection in January 2016 we identified two breaches of the Regulations. We asked the provider to send us an action plan telling us what action they were to take to make the necessary improvements. This was not provided.

Prior to this inspection the provider was also asked to complete an online form called the Provider Information Return (PIR). 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. Again this was not provided. We raised this with the provider who was unaware the request had been made. Completion of the PIR is a legal requirement and must be sent the CQC when requested. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people about their experiences and their views of service they received. People told us; "We've all been here a long time", "[Registered manager] knows me very well" and "I can chat with them all [staff team] if I'm unsure about anything." We looked at what opportunities were provided for people to share their views. We were told that due to the service being small there were daily discussions between people and staff members. More formal methods of seeking people's views through resident meetings and feedback surveys had not been undertaken for some time. Information showed that the last meeting was held in September 2016. Whilst copies of the last completed surveys were requested this information was not made available.

The registered manager and staff told us that there was regular communication between the team as the service was small. We were told that team meetings were also held. A review of records showed the last meeting was in October 2016. The registered manager said that more recent meetings had been held however records were not made of these discussions.

We looked at how the registered manager monitored and reviewed the service so that improvements were made, where needed. In addition to managing the service the registered manager was on site providing a considerable amount of 'hands on' support and therefore had oversight of the home and the support people needed. However we found no evidence to demonstrate any monitoring of the service and systems in place so that any improvements needed were needed and acted upon.

We saw that policies and procedures were in place to help direct staff in areas of their work. These included safeguarding, medication management, whistleblowing, recruitment and complaints. Whilst information showed these had been reviewed in January 2016 we found references to out of date legislation within them and our findings during the inspection did not demonstrate these were adhered to.

We saw that information about the service and what people could expect from the service was provided.

Individual copies of the Statement of Purpose and Service User guide were kept in people's rooms. However these had been gathered together as this information also needed updating and amending to accurately reflect the service provided at Fernica.

Systems to effectively monitor, review and improve the quality of service needed to be implemented to help ensure people were protected from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw 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.

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.

Notifiable events such as accidents or incidents, which CQC should be made aware of, had been notified to us. Authorisations to deprive people of their liberty had recently been agreed. Notification forms were sent to CQC during the inspection. The provider was reminded that failure to notify CQC of events within the home is an offence.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>There was no information to demonstrate the principles of the MCA were being followed and therefore lacked the mental capacity to make decisions for themselves. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to complete the Provider Information Record, as required by law. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Opportunities for on-going staff training and development were needed to help ensure staff have the knowledge and skills needed to support people safely and effectively. This meant there was a breach in Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 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(1)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

The enforcement action we took:

Warning Notice

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 and management plans exploring possible triggers, signs and symptoms and intervention required were not in place to help guide staff in recognising changes in need so that any intervention or support can be provided within a timely manner. We found this was a continued breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Systems and checks need to be effectively maintained to help ensure people's comfort and safety is maintained so they are not placed at risk of harm or injury. This was a breach of Regulation 12(1)(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Systems to effectively monitor, review and improve the quality of service needed to be implemented to help ensure people were protected from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had failed to complete the Provider Information Record, as required by law. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The enforcement action we took:

Warning Notice