

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

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Fernica (Residential Care Home), known as Fernica, is a residential care home providing care and support for up to 13 people. The service provides support to people diagnosed with mental health conditions. At the time of our inspection there were 10 people using the service.

Each person has their own bedroom with shared communal areas, such as bathrooms, lounges and a dining area. People have access to an outside space with a smoking area.

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

Staffing arrangements had improved. Whilst long-term appointments had not always been successful there was more consistency in the staffing arrangements, as the deputy manager had forged links with local recruitment agencies.

Risks posed to people were included within wider care plans but weren't always clearly identified. We made a recommendation with regards to the documentation of risk assessments separately, using a risk assessment tool. The deputy manager took appropriate action.

Care plans identified people's support needs and were reviewed. People continued to receive their medicines as prescribed. Systems were in place to protect people from abuse and people told us they felt safe living at the home. Any safeguarding concerns were reported to the appropriate agencies. Premises checks and all maintenance records were up to date. Required test and safety certificates were in place.

After the last inspection the deputy manager told us they intended to submit an application to become registered manager. The role would be shared with the current registered manager. There had been some delays with this but at the time of this inspection an application had been made. Management and oversight of the home had improved but these improvements needed to be fully embedded and sustained.

People we spoke with told us they liked living at Fernica, and that they were well-supported both day and night. There were regular residents' meetings to gain feedback from people and a recent survey had been completed.

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 requires improvement (published 18 January 2023) and there were

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 carried out an unannounced inspection of this service on 22 November 2022. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and recruitment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe 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 to Good. This is based on the findings at this inspection.

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.

Follow up

We will work alongside the provider and 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 team consisted of 1 inspector.

Service and service type

Fernica is a 'care home'. People in care homes receive accommodation and nursing and/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. The deputy manager had also

submitted an application to register, and the role would be shared. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 September 2023 and ended on 10 October 2023. We visited the location's service on 26 and 28 September 2023.

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 and professionals who work with the service. 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 about the care they received, and 2 relatives about their experience of the service provided. We spoke with 4 members of staff during the 2 days of inspection, including the registered manager, deputy manager, and 2 support workers.

We reviewed 3 staff files in relation to recruitment. We looked at 3 people's care plans in detail and other care records. We reviewed records relating to medicines management and a variety of records relating the management and quality monitoring of the service.

We spoke with the nominated individual, on site on the second day of our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with a commissioner of services involved with the home after the inspection. We continued to liaise with management around the secure supply of evidence.

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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

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.

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

- The staffing arrangements were now sufficient. The registered manager no longer worked excessive hours. Recruitment to the service had been limited, however the deputy manager could evidence this had been attempted. The service had recently established links with a recruitment agency and used agency staff when required, alongside long-standing staff.
- Staff were recruited to the service safely. Application and interview forms were completed in full, and the provider had sought references and completed pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A regular bank worker had last had a DBS in 2015. We brought this to the deputy manager's attention, and they started the process to renew their DBS.

Assessing risk, safety monitoring and management

- There was a risk people might not receive appropriate care and support as risks were documented within wider care plans. These were not always easily identifiable, especially to staff unfamiliar with people living at Fernica.
- One person's bedroom was in the basement, down a flight of steep stairs, due to an identified fire risk. The person's mobility had recently declined, and the risk in managing the stairs had not been identified. We discussed this with the deputy manager and a referral for an assessment was made.

We recommend that individual risks are included on a separate risk assessment tool so that all staff are fully aware of the risks posed to people and how to mitigate these. Risks should be reviewed frequently and updated when necessary.

- Care plans reflected the risks posed to people, due to health conditions or lifestyle choices for example, and staff understood where people required support to reduce the risk of avoidable harm. People told us they felt safe both day and night. One person told us, "I sleep through; if I wanted help they'd be there. I'm looked after."
- Service checks in relation to utilities, moving and handling equipment and portable firefighting appliances

had been undertaken by contractors to ensure these remained safe. A review of records and certificates confirmed these checks had taken place within required timescales.

- A fire risk assessment had been updated to reflect the reconfiguration of bedrooms. People had personal emergency evacuation plans (PEEPs) in place to guide staff on how to evacuate them safely. Some of these needed to be reviewed, considering people's changing needs.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and audited each month.
- It was the home's policy not to administer controlled drugs. At the time of this inspection no one was in receipt of controlled drugs, however this may have an impact on people if required in the future. One person had needed a controlled drug for pain control in the past and this had been administered by the GP surgery.
- Staff received annual refresher training in medicines administration and competency checks were carried out on staff.

Systems and processes to safeguard people from the risk of abuse.

- Staff were able to identify the potential signs and indicators of abuse and knew how to escalate concerns should they need to.
- There were systems and processes in place to safeguard people from the risk of abuse. Safeguarding and whistleblowing policies to guide staff in keeping people safe were in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was supporting people with visitation in line with government guidance. At the time of the inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- The provider had recognised the need to focus on improving the environment and management of the home.
- The deputy manager had a plan of works scheduled and the business plan indicated those elements that had been completed.
- The home had signed up the on-line portal to improve efficiency when communicating with the Care Quality Commission.

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.
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body. The deputy manager was pro-active in ensuring the correct documentation was in place following a DoLS authorisation.
- Staff encouraged people to make their own decisions. Staff encouraged people to make appropriate choices but understood people were able to make unwise decisions.

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. At this inspection the rating has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The deputy manager had applied to become the registered manager, although there had been delays with the application since the last inspection. This role would be shared with the current registered manager to ensure oversight and management of both care and administration functions in the service.
- Risks posed to people had not always been identified or weren't always clear. We discussed the use of a separate risk assessment tool to ensure people receive appropriate care and to improve oversight of risk with regular reviews. We will check this on our next inspection.
- There had been attempts at recruiting to the staff team, however these appointments had not always been successful in the long-term.
- The registered manager and deputy manager had access to a range of policies and procedures that were tailored to the service. The home had signed up to the CQC portal and had submitted relevant notifications.
- Regular audits were carried out, for example on medicines and care plans. Whilst improvements to the service were noted these needed to be fully embedded and sustained.
- There was support for the registered manager from the deputy manager. The deputy manager had introduced systems and processes, for example a business improvement plan, to help log and track scheduled improvements to the home.

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

- There was evidence of engaging with people and we saw positive results from a recent survey. Comments included, "Every time I have a wobbly time they [staff] give me advice," and, "Staff listen most of the time and soon come back with an answer."
- People we spoke with told us they were consulted about the service. Themes to discuss at the next house

meeting were pinned on the board. One person asked about accessing the home's Wi-Fi, and this was added to the meeting for discussion.

- Supervision of staff was documented. Staff were able to raise any concerns they had about people living in the home and appropriate actions were taken.

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

- The provider was working hard at establishing a consistent staff team to stabilise the home going forward.
- Where people couldn't leave the home independently, we saw examples of when the service worked with commissioners, so that people could have staff support within the community.
- Staff told us they worked as a team and that morale amongst staff members was good.

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 the concept of the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- Both the registered and deputy manager were aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service

Continuous learning and improving care; Working in partnership with others

- The deputy manager had linked in with professionals and stakeholders of the service to help drive improvements and sought advice from quality officers from the local authority.
- The provider was moving the service forward with a plan of redecoration works in place. Work was in progress at the time of this inspection.
- The home worked in partnership with commissioners and other stakeholders to try and improve the quality of the service for people living in the home.