Forget Me Not Residential Home

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Inspection report

151 Burnham Lane
Burnham
Slough
Berks
SL1 6LA
Tel: 01628 668902
Website: www.4get-menot.co.uk

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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

Forget Me Not Residential Home is registered to provide accommodation for up to 16 older people, some whom have dementia. On the day of our visit there were 14 people living in the service.

This was an unannounced inspection on 25, 26 and 27 November 2014. At our previous inspection in July 2013 the provider was meeting the requirements of the law in all the standards.

The registered manager has been registered since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 and associated Regulations about how the service is run.

People told us they were safe in the home and knew how to raise concerns. The service operated safe practices in the home but documentation in relation to fire evacuation procedures were not clear. We have made a recommendation on the service's evacuation procedures. The service ensured people were provided with safe care and support. Records evidenced recruitment checks were thorough, staff received relevant training, there were sufficient staff to provide care, identified risks were identified and managed and medicines were administered and stored safely.

The service did not always act in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make specific decisions, consent was sought by people not authorised to give it. There was no evidence of best interest meetings recorded, where a permanent decision was made restrict to restrict people's movement, in order to protect them. We have made a recommendation around best practice on 'best interest' decisions for people who lack capacity. People received care and support from staff who were trained, supervised and appraised. People's nutritional needs were met; we observed the meals were healthy and well balanced. Where people were at risk of being malnourished, care records showed appropriate action was taken. The service ensured people had access to health professionals, so that they could maintain good health.

People, those who represented them and health professionals said the home was caring. Staff demonstrated good knowledge about the care needs of people they supported. During our visit we observed positive interaction between staff and the people they provided care to. There was a relaxed environment and family members told us there no restrictions placed on how many times they could visit.

People received care that was responsive to their needs. Care plans and risks assessment were regularly reviewed. People told us they were listened to and knew how to make a complaint. We saw complaints received were responded to appropriately. The service ensured people's social needs were met; people we spoke with and what we observed confirmed this. The service did not follow legal requirements to notify the Care Quality Commission (CQC) of incidents that occurred in the service.

People and their relatives said the home was well managed. Staff spoke positively about the support they received from the registered manager. An observation of a staff team meeting showed staff were able to speak openly, question practice and raise concerns. Quality assurance systems in place were regularly monitored and management meetings recorded areas identified for further improvements. The service sought feedback from people, those who represented them and external agencies to improve the quality of the service provided. There was evidence of appropriate action taken in regards to this but not all feedback was responded to.

We found breaches with the Regulations of the Health and Social Care Act 2008 (Registration) Regulations 2010, which corresponds to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Documentation in regards to fire evacuation procedures for people who lived in the home were not clear.

Safe recruitment practices ensured relevant checks were undertaken before staff could begin to work.

Medicines were administered, handled, and stored safely.

Requires Improvement

Is the service effective?
The service did not always act in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of (DoLS).

Staff demonstrated good knowledge about the care needs of people they supported.

People's nutritional needs were met; where people were at risk of being malnourished, appropriate action was taken.

Requires Improvement

Is the service caring?
The service was caring.

People told us staff were caring and care was centred around them.

Reviews of care involved people and those who represented them.

People were treated with respect and a in dignified manner.

Good

Is the service responsive?
The service was responsive.

Care was delivered in response to people's needs.

People were listened to and knew how to make a complaint.

Care plans and risk assessments were regularly reviewed and were up to date.

Good

Is the service well-led?
The service was not well-led.

The service did not always notify the Care Quality Commission of incidents as legally required.

People said the home was well managed and staff spoke positively about the support they received from the registered manager.

Quality assurance systems in place were regularly monitored and reviewed.

Requires Improvement

Summary of findings

Annual surveys captured people's views but did not show all responses made to feedback received.

Forget Me Not Residential 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 checked 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.

An unannounced inspection was carried out on 25, 26 and 27 November 2014.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise related to older people, carers of older people and people who had dementia.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. The provider completed a Provider Information Return (PIR). The information in this form enables us to ensure we address potential areas of concern and any good practice.

Following our visit we received feedback from a general practitioner and a health professional who has been involved with the care of people living at the service. We also received feedback from a local commissioner of the service as part of the inspection process.

During our visit we observed care and support delivered. We spoke with four people, three relatives, one visiting professional, one care worker, assistant manager and the registered manager. We looked at six care records, two staff records and records relating to management of the service. We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Requires Improvement

Is the service safe?

Our findings

The planning and delivery of care did not always ensure people's welfare and safety. A fire exit plan was visible in the reception. Staff had undertaken appropriate fire awareness training and signed to confirm they understood their responsibilities. We noted the service carried out daily checks of the fire control panel, daily checks of the emergency lighting system and weekly test of the fire alarm system. These were dated and signed by the staff members who carried out them out.

Fire alarm incident forms recorded incidents and actions taken. We noted there were no fire incidents in the last 12 months. A fire safety audit carried out on 6 January 2014 found the home to be compliant with regulatory reform (fire safety) regulation order 2005. However, information in the fire evacuation records were not clear. The service's fire training and evacuation log only recorded fire safety training staff had undertaken. There was no specific details as to when the evacuations drills had occurred and the outcomes.

People and their relatives told us the home was safe and they knew what to do if they had concerns. We heard comments such as, "I feel safe in the home and with staff", "I feel safe with the carers and residents and if I didn't I would get my family to sort it out", "X is safe and if she wasn't I would get her out" and "X is safe with staff and if I had any concerns, I would talk to the manager."

A heath professional told us the home had taken appropriate action to keep people safe. For example, the installation of an outside gate alarmed the front door and designed special identity items for people at risk of leaving the building unsupervised. This had made the building more secure and safe for people who lived in the home.

Staff knew how to identify abuse, report any concerns and had undertaken relevant training. They gave examples of when incidents occurred and what action they had taken, to demonstrate their understanding of how to keep people safe. The assistant manager commented, "I document everything and would notify the local authority with the proprietor's consent, in the absence of the registered manager. A care worker commented, "The training (safe guarding adults) helped me to identify different types of abuse. I have reported an incident to my manager." We noted the action taken was line with the service's 'safeguarding adults and preventing abuse policy'. The policy clearly outlined the responsibilities of staff and management when dealing with alleged or suspect abuse. However, it was not dated and did not inform staff of the relevant agencies contact details when they had to report alleged or suspected abuse.

Appropriate recruitment and criminal records checks were undertaken before staff were recruited. A review of staff records showed criminal convictions checks were undertaken, written references were obtained and employment histories and medical questionnaires were fully completed. One staff member commented, "I could not start work until all checks had been completed." This protected people from the risk of being supported by unsuitable workers.

Risk assessments undertaken reduced the risk of people receiving unsafe or inappropriate care and support. We noted these were regularly reviewed and up to date. We noted one person was identified at high risk of falling and another person as high risk of becoming malnourished. Their risk assessments showed appropriate action was taken by staff to reduce the risks. For example, staff ensured one person had appropriate equipment to support their mobility and they were closely monitored, the other person's weight, food and fluid intake were regularly checked to ensure they did not become malnourished. Care records ensured staff knew how to provide support to people who presented distressing behaviours. One staff member told us the action they took to calm an individual who regularly became distressed. This was recorded in the person's care records and we saw appropriate action was taken.

There were sufficient staff to meet people's needs. This was observed during our visit. The service had a staffing dependency tool to ensure there were sufficient numbers of suitable staff to keep people safe and meet their needs. We saw appropriate measures were in place in the event staffing levels became low and staff rosters showed staffing levels were appropriately maintained. One person commented, "I think that there are enough staff and they are all very nice."

People told us their medicines were given to them at the appropriate times. One person commented, "I always receive my medication at the same time every morning and if I need an over the counter painkiller they (staff) will get it for me."

Requires Improvement

Is the service safe?

Medicines were administered, handled and stored safely. The service had a 'medication policy' which was up to date and easily accessible to all staff. .All medicines were kept in a lockable cabinet. Records of all medicines kept in the home was documented and indicated what medicines people were prescribed and when the prescription had finished. A document with the names, signatures and initials of all staff competently trained to administer medicines was available. This also included the dates they were no longer competent to carry out this task.

A review of staff records showed all staff had received appropriate medicines training and were up to date.

Medicine records were clear and documented names and photographs of the people, the medicines they were prescribed, the quantity to be given and how often they were to be administered. These were up to date and signed by the relevant staff. Information was available for staff on what action should be taken when a medicine error occurs. Medicine error records recorded the dates the incident occurred, the name of the person it affected and action taken. A review of these records showed the service had taken appropriate action.

We recommend that the service seek current guidance on fire safety evacuation procedures.

Requires Improvement

Is the service effective?

Our findings

The service did not always act in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures the human rights of people who may lack capacity to take particular decisions are protected. We attended a staff team meeting and observed the registered manager asking staff questions about the MCA. Staff were confident in their response and demonstrated their understanding of the MCA in relation to their job roles. Training records confirmed they had undertaken relevant training. A review of care records showed mental capacity assessments were undertaken. These clearly recorded all the people involved in the decisions made and informed staff of the best way to work with people.

There was evidence to show consent had been sought and obtained for people before care, treatment and support was delivered. Care plans showed consent to care documents were signed and dated by some people or those with legal powers to give consent on their behalf. However, there were some occasions when the service had sought and obtained consent from people who had no legal powers to grant them. Documents clearly showed what legal powers of authority people's representatives had and what areas they covered. We noted some representatives had legal powers to make decisions in regards to people's finances and property but consent was sought and given in regards to people's health and welfare.

This was a breach with Regulations 18 of the Health and Social Care Act 2008 (Registration) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or it is necessary to keep them from harm. Providers of care homes are required to submit applications to a 'Supervisory Body' for authorisation when they believe a person's liberty is being restricted. We noted there was no evidence of best interest meetings recorded, where a permanent decision was made to restrict people's movement, in order to protect them.

People were cared for by staff who were appropriately inducted, supervised, trained and appraised. One staff member said their induction was thorough and equipped them for the role. They commented, "I had to do three months shadowing shift and had to complete a 'what was expected' induction booklet and attended regular meetings with the manager." A review of their staff record evidenced the name of the experienced staff member who supervised them during their induction and the observations undertaken. A document showed the staff member had competently passed their induction. This was signed and dated. The assistant manager told us they were supported in their role. "I received my induction with the proprietor and was enrolled on to a business course and received training on how to supervise staff." A health care assessor, who was meeting with staff as part of the learning development, spoke positively about the staff they had come to assess and said they were meeting the required standards. Training records showed staff had attended relevant training. A review of staff records showed staff had received regular supervisions and annual appraisals were up to date.

People spoke positively about the food. We heard comments such as, "I think the meals are good and if don't like it the chef would cook something else for me", "I like the food and always eat whatever they give, I suppose they would give me something else if I asked for it", "I like the food and drinks are always available in the dining room and carers will provide drinks to those who need them" and "I am a vegetarian and I am looked after quite well."

An observation of the lunch time period showed food, including desserts were all freshly cooked and was enjoyed by people. One person had a glass of wine. The kitchen was clean and well equipped, open and visible from the dining room. We noted fresh fruit was available throughout the day for people to take. Care records showed malnutrition universal screening tools (MUST) were undertaken. These identified whether people were malnourished or at risk of malnutrition. Effective measures were taken where people were assessed at risk of malnutrition. For example, we saw referrals made to and involvement from the local dietetic team and speech and language therapists.

People were appropriately supported by staff to gain access to healthcare professionals. The registered manager said a GP visited the home on a regular basis. This was supported by the GP who said, "The service is efficiently run with the weekly visits working very well. The home has a direct line to me so they can deal with any queries efficiently and easily if required and this number is used

Requires Improvement

Is the service effective?

appropriately." Care records clearly documented the links people had with the GP and other health care services and the referrals process for these services were clear, showing the areas people required support.

Staff worked in partnership with other organisations. This was evidenced in care records which showed visits from external health professionals and actions they had advised the home to take. We saw the home acted upon the advice given. However, a health professional spoke to us about the challenges faced by some health professionals when they visited people for safeguarding purposes or mental health crises. For example, they told us visits to the service had to be arranged around the availability of the registered manager. They commented, "There is still scope for more improvement in order to accommodate emergency visits from other professionals, respect their professional judgement and suggestions and carry out agreed plans in a timely way."

We have made a recommendation that the service seek guidance on 'best interest' decisions for people who lack capacity.

Good

Is the service caring?

Our findings

People were not always involved in the assessment and planning of their end of life care. Advance care plans (ACP) were in place to show some people's preferences for end of life. The purpose of the ACP was to capture people's views before their health deteriorated and they are unable to make their wishes known. A review of the ACPs showed some were developed when the people they related to, did not have capacity to make their wishes known. We saw these were completed by people who did not have legal authority to complete them. This meant some people were not always involved in making decisions about their care.

We recommend that the service considers current guidance on the preparation and implementation of care plans in relation to end of life care.

People spoke positively about the care received. One person commented, "Absolutely wonderful." They quoted what the registered manager had said to them, "You miss your dogs don't you X. How about I make arrangements for them to come and see you." We heard other comments such as, "They are very nice here, it's such a nice place", "I am happy with the care and I am well supported by staff", "The care is very good, we are very lucky", "The staff are accommodating and helpful" and "The care is centred around me."

Care reviews reflected the involvement of people and those who represented them. One staff member said, "When care plans are developed and updated care workers will speak to people and their family members to ensure what they say is reflected in them." This was supported by relatives, we heard comments such as, "I am always involved and anything I need to know the manager always tells me" and "I am, involved in the care plan, they (staff) always ask before they change anything."

A health professional described the home as caring and said some relatives had described the home as a, 'home from home' for their loved ones. This was supported by a staff member who said, "I absolutely love it here. It's like a family, a home from home." One person had told the health professional they loved the home because the staff were kind and they felt free to do what you want. For example, they could go for walks and go in the garden when they wanted.

The health professional stated, the care came across sometimes as being over involved and familiar with people which needed to be kept under check by maintaining professional boundaries at all time. We did not observe this behaviour during our visit. However, an individual had become distressed and agitated due to our presence in the service. We heard the registered manager in an attempt to calm them down, refer to us in an inappropriate way. The registered manager later acknowledged their comment to the person was inappropriate.

Staff demonstrated good knowledge of the people they supported. They spoke confidently about people's preferences in regards to food, drink and social activities, and familial history. For example, one staff member said, "X is an amazing character, they love a good laugh. They love to read and have lots of books. They love cheese on toast." The GP told us staff were very knowledge and knew people "extremely well" and responded to their needs.

There was a relaxed atmosphere and interactions between people and staff was good. Relatives spoke positively about there were being no restrictions on visiting times. We observed the registered manager was involved in jovial conversations with people and everyone that took part in the discussions were happy.

People were supported to exercise choice and encouraged to be independent. One person commented, "I have choice and drinks are always available." This was observed during our visit. Care records captured people's choice and personal preferences and how staff were to promote people's independence. A staff member told us, "People are encouraged to choose what they want and can do this independently."

People received care, treatment and support from staff that respected and treated them in a dignified manner. We heard comments such as, "The carers are fine and treat me with respect" and "Staff are all polite and respectful, they always knock on the door before they enter" and "The girls (care workers) are pretty good and respectful. There are a couple that are better but none are bad." We observed care and support needs were met in a friendly and unhurried manner.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. This was because pre-admission assessment process captured people's preferences, needs and staff ensured care delivered was in line with this. Risk assessments were relevant to identified needs and regularly reviewed and up to date. The registered manager commented, "Whenever we update care plans every month, residents and their family are involved. For example, a review was undertaken in regards to one person's care. This involved the person, their family, a health professional and a member of staff. The meeting recorded the person's weight was being reviewed and everyone in attendance was happy with the progress so far. It was agreed that staff would continue to monitor the person's weight. This ensured the person's care, treatment and support was regularly reviewed, changed if required and was up to date.

A review of the service's communication book showed staff were kept up to date on changes within the service.

The service listened to people and their relatives. One relative said, "If you have got something to say, they will listen but they if they are going to do it they will do it." A review of 'residents meetings' notes showed people were given the opportunity to express their opinions. For example, meeting notes dated 22 October 2014 evidenced people being asked if staff were taking care of them. People were able to provide feedback and the service responded appropriately.

We observed the complaints procedure was displayed in the entrance of the home and in people's rooms. People and those who represented them told us they knew how to make a complaint. One person commented, "I have no complaints at all" and a relative commented, "I have never had a need to complain." Another relative told us, "I have had a couple of minor complaints and they were responded to straight away." The registered manager told us the service responded to all complaints received. A review of the complaints log supported this and showed all complaints received were responded to appropriately.

Social activities were provided and fully utilised by those who wished to participate. We heard comments such as, "I go out Saturday and Sunday. I can go anywhere I want as long as I tell them and sometimes in the summer we go over to the park with the carers" and "There is always stimulating entertainment going on." We observed this during our visit. For example, there was a video of country music playing on a large screen TV and staff sang and danced along with people. A poster of planned social events was visibly displayed. Activates scheduled were varied and showed involvement from local community organisations.

Care plans contained 'resident transfer forms'. These were completed when people were being transferred from the home for various reasons, such as hospital appointments or when being moved to another home. The forms had a photograph of the person, current plan of care, their preferences, medical history, whether they had capacity to make specific decisions, next of kin and GP contact details. This ensured people received consistent, co-ordinated, person centred care when being transferred from one service to another.

Requires Improvement

Is the service well-led?

Our findings

It is a legal requirement for services and registered managers to notify the Care Quality Commission (CQC) of any changes that may have an impact on the services being delivered. A review of medicine errors records showed an incident had occurred. The service did not follow protocol and report the incident to the local authority as a safeguarding alert and then notify the CQC of the alert raised. This meant the provider had not ensured CQC had been appropriately informed about events that occurred in the home.

This was a breach with Regulations 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009, which corresponds to regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said the home was managed well. We heard comments such as, "I think the manager runs it well", "I can't fault it, it is not regimental discipline, no feeling of being in an institution, more like being in a family home" and "The manager is as good as gold."

Staff told us the registered manager was supportive. One staff commented, "It's through team meetings we are encouraged to work to the required standard." Another staff commented, "The registered manager is very driven and always ensures we do everything to the very best of our ability." The registered manager told us they had regular meetings with staff to ensure good quality service was provided. We observed a staff team meeting and heard staff question practice and raise concerns, in a relaxed and open environment.

Quality assurance systems were in place and were regularly monitored. We reviewed the quality assurance records such as, audits of infection control, medicines, incidents and safety equipment. We noted there were no audits undertaken of care records. These were regularly monitored and assessed by the registered manager and senior management to ensure people received safe quality care. For example, management meetings notes dated 1 October 2014 showed staff appraisals, supervisions and training were discussed to ensure management were aware of attitudes, values and behaviour of staff. Appropriate action was taken to address areas for improvement.

The service sought feedback from people, those who represented and external agencies. We reviewed the home's survey results from their quality assurance questionnaire dated September 2014. This captured people's feedback over a wide variety of areas such as, meals, dignity, and environment to care received from management and staff. For example, 100% of people and external agencies thought the staff was responsive and attentive to matters of concerns. There was some evidence of action taken in response to feedback given. However, this was not always consistent. For example, 16% of people and 8% of external agencies stated they were not satisfied with the manager. There was no response in regards to concerns raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **The service did not make a safeguarding alert to the local authority due to an incident that occurred in the service. Subsequently, the CQC was not notified of the incident Regulations 11 (1), (2) and (3).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The service sought consent from people who had no legal powers to give it. Regulation 20 (1), (2).**