Care Quality Commission

Forget Me Not Residential Home

Forget Me Not Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

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 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.

At our previous inspection on 25, 26 and 27 November 2014 we found documentation relating to 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 detail as to when the evacuations drills had occurred and the outcomes. The service did not always act in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Advance care plans used to capture people's preference for end of life care before their health deteriorated, were developed after some people's health had deteriorated. The service did not follow legal requirements to notify the Care Quality Commission (CQC) of incidents that occurred in the service.

During this visit we found the service had made the required improvements in those shortfalls identified at the previous inspection.

People were positive about the caring nature of staff. One person commented, "I am quite comfortable with the support I get from staff. Staff are always cheerful. I don't feel under pressure from any of them." People were relaxed in their environment and we observed positive interaction between staff and the people they provided care and support to. People's privacy and dignity was protected and they were actively involved in decisions made in regards to their care.

People and their relatives felt the service was safe. People were protected from the risk of harm because staff were fully aware of their responsibilities in regards to safeguarding. We reviewed all safeguarding incidents reported to the Local Authority and to us by the service and found they had been appropriately responded to in line with legislation. People's personal safety had been assessed and plans were in place to minimise identified risks.

Staff were appropriately inducted, trained and supervised. People were supported to have enough food and drink. Where people were at risk of malnutrition appropriate action was taken. People's health care needs were monitored and any changes in their health or well-being prompted referrals to their GP or other health care professionals.

People and their relatives felt the service was responsive. One person commented, "They (staff) are very

good at responding to needs promptly." Reviews of care meetings enabled people and their relatives to discuss the care and support delivered and gave them the opportunity to make any necessary changes. Peoples' social needs were met because the service had a scheduled program of social activities that prevented social isolation.

People and their relatives were positive about the management of the service. Comments included, "From what we have seen it is always good" and "A good team that works well together." Quality assurance systems were in place to improve the quality and safety of people who used the service. This included audits that covered areas such as medicine, infection control, and other records relating to the running of the service. This enabled the service to identify where quality or safety was being compromised and take appropriate action. The service sought the views of people and those who represented them and responded appropriately to feedback received.

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.

People and their relatives felt the service was safe.

People were protected from the risk of harm because staff were fully aware of their responsibilities in regards to safeguarding.

People's personal safety had been assessed and plans were in place to minimise identified risks.

Is the service effective?

Good

The service was effective.

Staff were appropriately inducted, trained and supervised.

People were supported to have enough food and drink. Where people were at risk of malnutrition appropriate action was taken.

People's health care needs were monitored and any changes in their health or well-being prompted referrals to the appropriate health care professionals.

Is the service caring?

Good

The service was caring.

People were positive about the caring nature of staff.

Positive interaction was observed between staff and the people they provided care and support to.

People's privacy and dignity was protected and they were actively involved in decisions made in regards to their care.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt the service was responsive.

Reviews of care meetings enabled people and their relatives to discuss the care and support delivered and any changes required.

Peoples' social needs were met because the service had a scheduled program of social activity program that prevented social isolation.

Is the service well-led?

Good

The service was well-led.

People and their relatives were positive about the management of the service.

Quality assurance systems were in place to improve the quality and safety of people who used the service.

The service sought the views of people and those who represented them and responded appropriately to feedback received.

Care Quality Commission

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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 16 November 2016. This meant the service were not aware we would be visiting. The inspection team consisted of one inspector and a specialist advisor whose speciality related to the care of older people.

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.

Most of the people living in the home were unable to tell us about the care and support they received. We spent time observing the care people received throughout the day, including activities and mealtime support. This enabled us to form our views of the support people received.

We spoke with one person, a relative, two care workers, the registered manager and the proprietor. We looked at four care records, three staff records, medicine records and records relating to management of the service.

Good

Is the service safe?

Our findings

At our previous inspection on 25, 26 and 27 November 2014 we found documentation relating to fire evacuation records were not clear. The service's fire training and evacuation log only recorded fire safety training staff had undertaken. There were no specific details as to when the evacuations drills had occurred and the outcomes.

During this visit we found documentation showed when fire evacuation drills had been carried out and clearly recorded dates and times when they had occurred and the outcomes. This meant people's welfare and safety was protected.

People and relatives felt the service was safe. One person commented, "I do feel safe. I would speak to the manager if I didn't feel safe and if I wasn't satisfied with their response, I would speak to the proprietor." A review of the service's annual residents and relatives survey dated August 2016 showed relatives' comments in regards to 'safety within the home'. These included, "Looks safe" and "The home is focussed on safety and well-being of residents."

People benefited from a safe service where staff understood their safeguarding responsibilities. This was supported by our discussions with a staff member. They appeared very confident and demonstrated a good understanding of what to do if they suspected abuse had occurred. This was supported by a review of staff training records which confirmed staff were up to date with the relevant training. We reviewed all safeguarding incidents reported to the Local Authority and to us by the service and found they had been appropriately responded to in line with legislation. This ensured people were protected from abuse and improper treatment.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character which included Disclosure and Barring Service (DBS) checks. These ensured staff employed were suitable to provide care and support to people who used the service. Written references, completed medical health questionnaires and employment histories were also obtained. This meant people were cared for by staff who were of good character; were qualified; were skilled and by reason of their health able to perform tasks relevant to their job roles.

Risks to people's personal safety had been assessed and plans were in place to minimise identified risks. For instance, where people were assessed at high risk for pressure ulcers, risk management plans showed people were being nursed on pressure relieving mattresses. Where people were assessed at risk of falls there was evidence of risk reducing methods. For instance, staff ensured people wore foot wear that were correctly fitted and had the use of walking aids. This meant potential risks to people's welfare and safety were minimised or mitigated.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. This was observed during our visit where staff were readily available to assist people as and when they required it. Our review of the staff rosters confirmed there was sufficient staff to provide care and support to people.

This was further supported by one person who commented, "I find staff are available. I haven't felt rushed by them."

Peoples' medicines were managed and administered safely. This was supported by our observation of a medicine round and review of medicine records. The staff who administered the medicines demonstrated a good understanding of what to do when they received and stored medicines. A review of medicine administration records (MAR), showed medicines people were prescribed, quantity and dosage to be given, dates and times when medicines had been administered and by whom. We saw they were fully completed with signatures of the staff who carried out the task. Medicines were stored securely in a locked cupboard within their original boxes. We found the service worked in accordance with the service's medicine policy which was up to date. Training records showed staff had received appropriate training and competency assessments were regularly undertaken.

Good

Is the service effective?

Our findings

At our previous inspection on 25, 26 and 27 November 2014 we found the service did not always act in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The MCA 2005 and DoLS set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

During this visit we found where consent was sought by those who had legal powers to give it on people's behalf, the correct documents were in place to show what those legal powers related to. Where the service had to exercise complete and effective control over care and movement for some people, the appropriate DoLS applications were submitted; best interest meetings were undertaken and decisions made were regularly reviewed. This meant the service ensured only those who had legal powers were able to act on people's behalf and people were not unlawfully deprived of their freedom.

People were cared for by staff who were appropriately inducted. One person commented, "They (staff) certainly appear to be competent." During our visit we saw one staff member was on induction working alongside a senior care worker. The staff member was being orientated to the home and to the different teams and was able to demonstrate an understanding of the reporting processes. Training records showed new staff undertook the Care Certificate training. This is a nationally recognised set of standards that care workers need to demonstrate in their work. Observational records captured the care practices of new staff whilst they undertook various care tasks throughout the shift and documented any further required actions. We saw three month probationary meetings were undertaken to confirm whether new staff members were able to competently carryout their job role. This meant people received care from staff who were prepared for their job roles.

Staff were effectively trained and supervised. We spoke with a senior care worker who appeared very confident in their approach and was able to talk to us about the various policies and procedures they followed and the training they had completed. This was confirmed by a review of the staff members training records. Staff training records showed staff had completed the service's essential training and their refresher training was up to date. Supervisions (one to one meetings) were carried out regularly and annual end of year appraisals recorded staff performances over the year. This included their strengths and weaknesses and what further support they required. This meant people received care from staff who had the knowledge and skills to carry out their roles and responsibilities.

People were supported to eat and drink and to maintain a balanced diet. This was observed during the lunch period. We saw people were given a choice of hot nutritious and well balanced meals. One person commented, "I think the food is very good, it's varied. The range of food and presentation is very good." People had access to drinks throughout the day. Staff offered them hot and cold drinks and a water cooler was available for people to independently access fluids. There was a selection of fresh fruit which was easily

accessible and available in the dining room. We spoke with the chef who was knowledgeable about people's dietary needs and food preferences. This was supported by our review of care records which showed people's allergies, dietary needs and food preferences. We saw appropriate nutritional assessments were conducted and appropriate action was taken when people were identified at risk of malnutrition. Care records showed appropriate referrals were made to specialist health care teams, if required.

People's health care needs were monitored and any changes in their health or well-being prompted referrals to their GP or other health care professionals. Care records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Where people were identified as having complex health needs documents showed the GP had made various referrals to the relevant health care professionals such as, retinopathy, chiropody, tissue viability nurse, diabetic nurse specialist and consultant endocrinologist. This ensured people's health needs would be addressed in a prompt manner.

Good

Is the service caring?

Our findings

At our previous inspection on 25, 26 and 27 November 2014 we found people were not always involved in the assessment and planning of their end of life care. Advanced care plans (ACP) which captured people's preferences for end of life were completed by those who had no legal authority to do so.

During this visit we found people were involved in the assessment and planning of the end of life care. Where people were not able to make decisions in this regard, only those with legal authority completed the necessary documents. People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialist; services and equipment were provided as and when needed.

People gave positive comments about the caring nature of staff. One person commented, "I am quite comfortable with the support I get from staff. Staff are always cheerful. I don't feel under pressure from any of them." We viewed comments from the service's annual residents and relative's survey carried out in August 2016. We saw various comments from relatives which included, "They (staff) do so much for the residents who are always happy", "The care is second to none", "It (the service) has a welcome feel and all the staff are caring" and "Carers are always happy and willing to help."

People appeared relaxed in their environment and responded positively to staff and staff were attentive when people had conversations with them. This was observed during lunch period whilst people were having their meals, whilst people were involved in an activity and throughout our visit. People walked around the home freely. Memory boxes used to stimulate people's memories were situated outside their rooms to help with their orientation.

People's dignity was respected by staff. Staff were observed knocking on people's door and only entered once given permission. We heard people being addressed by their preferred names. Staff spoke to them with respect and in a very polite and consistent manner. Training records showed staff were provided with equality and diversity training, which enabled them to respect people's privacy, dignity and human rights.

People were supported to express their views and be involved in decisions that concerned their care. One person commented, "I've seen staff engage with residents and invited their comments about what they would like to do between now and Christmas." This was supported by our review of minutes of resident's meetings, where people were asked for their opinions on various aspects of the service provided.

People were supported to exercise choice and where possible encouraged to be independent. One person commented, "I am fairly independent. I can take care of myself. However, residents are encouraged to help ourselves if we want a snack in between meal." This was supported by our observations. People were offered choices such as, what meals they wanted eat or, if they wanted to join in scheduled activities. Care records gave clear instructions on what people were able to do for themselves. For instance, it was recorded a person was able to carry out their own personal care. This ensured people could be as independent as they wanted to be.

Good

Is the service responsive?

Our findings

People and their relatives felt the service was responsive. One person commented, "They (staff) are very good at responding to needs promptly." We viewed comments from the service's annual residents and relative's survey carried out in August 2016. Relatives' views on the responsiveness of the service included, "The home and staff are very responsive to any concerns raised", and "Attentive and quick to react at all times."

Pre-assessments gave a picture of peoples' care and support needs and whether the service could meet them. They were comprehensive and captured people's preferences; choices and identified any potential risks to people's health and welfare. These were signed and dated by people or those who represented them to confirm the information captured accurately reflected their care and support needs. We noted information obtained from pre-assessments was used to develop person centred care plans.

Care plans included information that enabled staff to monitor the well-being of the person. This covered all aspect of people's care and support needs. Reviews of care meetings enabled people and those who represented them to discuss the care and support delivered and gave them the opportunity to make any necessary changes. We saw care plans and risk assessments were regularly reviewed for their effectiveness and were kept up to date.

Staff supported people with their religious beliefs. We saw church services were held regularly at the home however, people were also supported to access other faith based organisations in the community. This was supported by one person who told us how that the proprietor took them to their church of preference. The person expressed their appreciation as this was something very important to them.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. Reviews of the scheduled activities showed a wide variety of activities were on offer. This included, people visiting coffee shops, having pub lunches, playing charades 'having fun acting out words' and having visiting entertainment such as puppet shows. These meant peoples' social needs were met because the service had a scheduled program of social activity program that prevented social isolation.

People's concerns and complaints were listened to and addressed. One person commented, "If I have any concerns, I would raise it with the proprietor." The complaints policy was visibly displayed for people or their relatives to see what they should do if they wanted to make a complaint and who they should contact.

Good

Is the service well-led?

Our findings

At our previous inspection on 25, 26 and 27 November 2014 we found the provider had not ensured the Care Quality Commission (CQC) had been appropriately informed about events that occurred in the service.

During this visit we found the registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People and their relatives were positive about the management of the service. One person commented, "The registered manager is very busy but very capable." Comments from the service's annual residents and relative survey dated August 2016 included, "Management are aware of everything that goes on in the home", "Very well led", "From what we have seen it is always good" and "A good team that works well together."

The registered manager stated the service promoted a positive culture that was person-centred, open and inclusive. The registered manager was available and visible throughout the day which meant they were accessible to people, their relatives and staff.

Staff said they were happy at the service and felt management were very supportive. This was confirmed by our review of supervision records. Minutes of staff team meetings showed staff were reminded of what they were required to do to achieve good standards of care. The communication book ensured all staff was kept up to date in regards to what was happening in the service.

Quality assurance systems were in place to improve the quality and safety of people who used the service. We saw various audits were undertaken that covered areas such as, infection control, cleaning and medicines. There was evidence in some of the care records of falls and or near misses that were recorded and reported. We noted these were further followed up and analysed at management meetings in order to pick up on any trend, so that appropriate action could be taken. Management meetings reviewed all aspects of service delivery from staffing (which included supervision and training) and, matters that related to people's health, safety and welfare. This enabled the service to identify where quality or safety was being compromised and take appropriate action.

We reviewed the complaints register and found all complaints were recorded and responded to appropriately. However, we found no evidence to show how concerns and complaints were used as an opportunity for learning and improvement to the quality of the care provided.

The service sought feedback from people and their relatives. This was carried out through care review meetings; residents meetings and the service's annual residents and relative's survey dated August 2016. The survey enabled people and their relatives to give feedback on various aspects of care and support received. This covered areas such as what people thought about meals; the care staff and the care provided; how efficient the home was; safety within the home amongst others. We saw the majority of the feedback received was positive and responses were given to areas that people had given suggestions or expressed

concerns. Where feedback was negative and disrespectful to staff, the proprietor responded appropriately and with sensitivity.