Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Forget Me Not Residential Home

151 Burnham Lane, Burnham, Slough, SL1 6LA

Tel: 01628668902

Date of Inspection: 03 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Forget Me Not Residential Home
Registered Managers	Mrs. Shirley Elizabeth Fairley Ms. Marina Jayne Morgan
Overview of the service	Forget Me Not Residential Home provides care and accommodation for up to 16 predominantly older people, some of whom may live with dementia. The home does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with two family visitors and with people living in the home. They told us they had access to all the information they needed to help them make an informed decision about moving into the home. We reviewed four care plans. We saw evidence people's health and personal care needs had been assessed before admission. We saw evidence care plans had been reviewed and changes made where necessary to ensure needs would still be met appropriately.

Care plans included a range of risk assessments, covering for example risks associated with falls and weight loss, together with details of how these were to be eliminated or managed.

People we spoke with told us they felt safe in the home. They said they would raise any concerns they had with their family, care staff, the manager or provider.

All of the staff we spoke with told us they felt very well supported by the manager and provider. They all commented favourably about the excellent 'team spirit' there was in the home. The basic staffing level at night did not provide the number of staff indicated as necessary for the routine care and support of at least one person.

When we spoke with people living in the home, they told us they could raise any concerns or discuss their care with staff, the manager or provider whenever they wanted to. We saw people living in the home as well as visitors going to the office and sitting down to talk to the manager in a relaxed and informal manner.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 12 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with two family visitors and with people living in the home. They told us they had access to all the information they needed to help them make an informed decision about moving into the home. One person told us their friends had made all the arrangements on their behalf. Most of the other people we spoke with said their families had gathered the information and had been able to visit the home before a decision was made.

We saw there was a comprehensive information and welcome pack for people considering the home either for themselves or on behalf of someone they were responsible for. This guide included details of the services available, costs and payment methods, contact details for other relevant bodies including the Care Quality Commission and Age Concern, together with the routine and philosophy of care of the home. This meant people who used the service or were considering doing so, understood the care and treatment choices available to them.

We arrived early in the morning, which gave us the opportunity to observe the routine of the home as people were helped to get up ready for the day ahead and have their breakfast. We heard people being asked what they would like to eat and drink. We saw that some people chose to have their breakfast in their own rooms, whilst others preferred to eat in the dining area. We heard one member of staff inform a colleague that one person wanted to have a lie in and so would be assisted to get ready later on in the day. When we talked with care staff they demonstrated a good knowledge of the individual care needs of people using the service.

Throughout our visit we saw very positive interactions between care staff and people living in the home. Staff spoke respectfully and with consideration. The atmosphere was relaxed and friendly. "I cannot fault the carers, they are all lovely" one person told us. We spoke with one person in their own room, we saw they had been able to bring items of furniture with them and had personalised their room with pictures and ornaments. They told us they would "rather live in my own home of course", but given this was not possible any longer; "I am very well looked after here".

We looked at care plans, including some for people who had relatively recently moved into

the home. These showed a detailed assessment had taken place before they moved in. This ensured people received appropriate support to meet their assessed needs from the outset. We found care plan documentation was organised in different documents. One of these included individual life history details for the person who received care. Where this information had been obtained by the home, it enabled staff to provide care to people in a way which took account of their past life and significant events and people for them. People's diversity, values and human rights were respected.

The care plans we saw included evidence of a process of review, including the person themselves and those responsible for them. This review process provided opportunity for changes to be made to reflect changed needs and ensured these continued to be met appropriately. People expressed their views and were involved in making decisions about their care and treatment.

We saw there was information in the home which included contact details for advocacy organisations. This enabled people to access services who could help them express their views or to make decisions.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with two family visitors and with people living in the home. They told us they were satisfied with the standard of care they experienced and saw. "I have no complaint about the care" one person said. We spoke with one relative who told us previous concerns they had about some details of their relative's care had been addressed. They told us they were now satisfied with how care was being provided for them.

We were told a number of people living in the home had some degree of dementia. We were told staff had received training in dementia awareness and care. This enabled them to provide care at a pace and in a way which was appropriate and effective. We saw memory boards had been produced referring to the past life and history of people with dementia. These were positioned outside their rooms which helped people identify them and to act as a talking point for staff to use. The home also used place mats with people's photographs on them to help people find their preferred seat in the dining room .

We spoke with two visiting healthcare professionals. They told us they had raised issues about moving and handling and infection control in the past. They told us they had noted recent improvement. They said they would continue to co-operate with the home to help them maintain this. We were told a tissue viability specialist nurse had been involved particularly with the care needs of one person who was now receiving palliative care. We spoke with care staff about moving and handling and infection control practice. They told us people who required hoisting did not have individual slings. However, they said they always thoroughly cleaned hoisting slings between use to reduce the risk of cross-contamination. They confirmed they had moving and handling training from the provider, which was updated regularly. This was confirmed from the training records we saw.

We reviewed four care plans. We saw evidence people's health and personal care needs had been assessed before admission. We saw evidence care plans had been reviewed and changes made where necessary to ensure needs would still be met appropriately.

Care plans included a range of risk assessments, covering for example risks associated with falls and weight loss, together with details of how these were to be eliminated or managed. For example where a risk of falling had been identified in one case, preventative action had been taken and equipment put in place. In one of the care plans we looked at we saw advanced care planning had taken place with the involvement of the person and

their family. This ensured their wishes for their end of life care were explicitly recorded and clear.

Where care situations had changed rapidly we saw this had led to some inconsistency within care plans and risk assessments (for example in respect of numbers of staff required and frequency of turning). We saw where required there were detailed records kept of movements made to enhance pressure care, fluid intakes and meals. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with told us they felt safe in the home. They said they would raise any concerns they had with their family, care staff, the manager or proprietor.

The home had procedures in place for dealing with any suspicions or allegations of abuse. We were told the latest guidance provided by the local authority was available to all staff. Staff told us they had received training in safeguarding and we were able to confirm this from staff training records seen. This meant staff had the necessary knowledge as to what constituted abuse and how to respond if it had been seen or suspected.

When we spoke to staff they showed a satisfactory understanding of the procedures to be followed in the event abuse was seen or suspected. We were informed the provisions of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards had been covered in training provided for staff with more planned for 2013.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

This was because the number of staff working between 10 pm to 8 am was insufficient to meet the assessed needs of all the people using the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were told there were currently 14 people living in the home, two of whom were for respite care. One person was receiving palliative care and several people had needs arising from some degree of dementia.

The staffing levels were; three carers between 8 am and 1pm, two carers between 1pm and 10 pm and one carer between 10 pm and 8 am. One of the carer posts was filled by a senior carer who also carried out some supervisory duties. Carers were responsible for laundry and activities as well as caring duties. The night carer also had some routine cleaning duties. There were in addition a part time administrator, a part time cleaner and a chef. The manager was present and able to assist if required between 8 am and early evening.

Staff we spoke with confirmed they had received a range of training which helped them meet people's needs effectively. For example, we were told they had received training from the provider in dementia care awareness, infection control, safeguarding, pressure care and moving and handling. When we spoke with the home's chef, they described how they involved people living in the home in cookery based activities. During our visit the manager led a bingo session whilst we talked with care staff.

We observed during the time we were in the home there appeared to be an adequate number of staff available. There were no obvious delays experienced in answering call bells. When we spoke with people living in the home and relatives, they were positive about the care provided and made no specific complaints about lack of staff numbers during the day.

There was an inconsistency between assessed care needs and the night-time staffing arrangements at the home. Where people had been assessed as requiring two people to meet their needs safely, this could not be met at night. The roster showed and staff confirmed there was only one member on staff on duty between 10 pm and 8 am.

We saw there was a very detailed process of risk assessment and management in place in

respect of lone working at night. This included specific health declarations and information about those care staff who worked at night. This was to indicate if there were any health issues which might affect their ability to operate alone safely.

In addition there were clear assessments of risks and procedures in place to cover unexpected changing circumstances and emergencies occurring at night. This included an 'if in doubt call' instruction to staff working at night. We were told the provider, manager and senior carer were available to advise and if required come to the home to assist in an emergency between 10 pm and 8 am. However, risk assessments did not address potential safeguarding risks to staff and people living in the home arising from lone working.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service were positive about the care and support staff and the quality of care they received from them. "They are very patient with me and we can have a chat about things" was what one person said.

We saw positive comments about staff in letters from people paying tribute to their kindness and care towards their late relatives.

We spoke with care staff who confirmed they received both formal and informal supervision and appraisal. We saw records of staff supervision, appraisal and 'chats on job' informal supervision. All of the staff we spoke with told us they felt very well supported by the manager and proprietor. They all commented favourably about the excellent 'team spirit' there was in the home. They each told us they thought communication was good and effective. This meant that staff felt valued and part of the team. They said they could raise any issues or concerns they had at any time with the manager, who had an 'open door' policy. They also said the provider was supportive of them and available to provide them with advice and support.

We spoke with visiting community health care professionals. They told us they had found the staff had been prepared to listen to advice, for example about moving and handling, pressure care and infection control issues. They said they would continue to support staff as appropriate. When we spoke with care staff they confirmed they had received training in pressure care, moving and handling and infection control. We were able to confirm full details of all training provided to and planned for staff from training records seen.

We were told the majority if not all staff training was provided in-house by the provider. This was delivered by different methods, for example videos, written materials, discussion and knowledge tests. Staff told us from their experience in other care settings they thought the standard of training provided by the provider was good. External training support was provided to staff undertaking nationally recognised vocational qualifications. Staff were able, from time to time, to obtain further relevant qualifications. This meant staff were provided with training and opportunities to acquire the knowledge and skills they needed to provide effective care.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw people living in the home and those responsible for them had ready access to information about how to make a comment or complaint about the service. Contact details of organisations who regulate the service were provided in the home's welcome and information pack.This meant people could raise concerns appropriately outside of the home if they needed to.

When we spoke with people living in the home, they told us they could raise any concerns or discuss their care with staff, the manager or provider whenever they wanted to. We saw people living in the home as well as visitors going to the office and sitting down to talk to the manager in a relaxed and informal manner.

We saw there were regular audits and reviews of care plans involving people living in the home and those responsible for them. The provider carried out regular formal and informal reviews of the home's operation. Information and issues arising from these were shared with staff at regular team meetings. This allowed changes to be made where appropriate.

Regular medication checks and audits were carried out by the manager to identify any discrepancies or gaps in records. We were told the home's pharmacy also carried out checks on medication practice. Fridge and freezer temperatures were monitored in order to ensure they were within appropriate range to promote good food hygiene and storage. The local authority environmental health service visited the home to check on food hygiene. We were told they were satisfied with current practice and any minor adjustments needed had already been made.

When risks had been identified associated with uncovered radiators in the home action had begun to provide all radiators with protective covers. The provider may find it useful to note that although they informed the Care Quality Commission all radiators would be covered with guards by December 2012 this had not been achieved when we visited on the 3rd January 2013.

We saw quality assurance forms issued in 2012. These had been returned by people living in the home or those responsible for them. We saw a summary of the responses which were overwhelmingly positive.

We were told staff had asked if they could be provided with name badges to assist identification. We saw this had been actioned. We were told that some visitors had noted the smoking area outside the front door of the home did not enhance its appearance when in use. An alternative area to the rear had now been designated for smokers to use. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon.

When we looked at care plan documentation we found risk assessments had been recorded with action taken to eliminate or manage identified risks. Detailed risks assessments in respect of risks associated with lone night working by staff were in place. These addressed emergency situations which might arise and ensured all staff working alone at night were physically capable of doing so safely.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The number of staff working between 10 pm to 8 am was insufficient to meet the assessed needs of all the people using the service. Regulation 22

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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