

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: 31 July 2013

Date of Publication:
September 2013

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

Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Forget Me Not Residential Home
Registered Manager	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 31 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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 with us.

What people told us and what we found

People were provided with a choice of suitable and nutritious food and drink. One person told us: "They know what I want. The cook talks to me about what foods are on offer". A recognised screening tool and monthly checks were undertaken to monitor weight and any significant changes. Staff monitored food and fluid intake to prevent any risk of poor nutrition or dehydration and took any necessary action.

People we spoke with said there were enough staff and they had enough time to care for them. Training records viewed showed the two new staff members had undertaken appropriate training and had obtained relevant qualifications in health and social care. There were enough qualified, skilled and experienced staff to meet people's needs.

We found people could be confident their comments and complaints were listened to and dealt with effectively because the service had an effective system to investigate and resolve complaints.

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

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. One person told us: "They know what I want. The cook talks to me about what foods are on offer". The menu for the day was displayed on the resident's notice board. People were offered a hot meal with a selection of vegetables, a pudding for lunch and a lighter meal for tea. This showed people were offered a nutritious and well balanced meal.

We observed interactions between staff and people during the lunch period. Staff had prepared the tables before people came for their lunch. Bowls of fresh fruit were available on each table (these were left throughout the day for people to have as and when they wanted). People, who required it, were provided with aprons to protect their clothes from food spillage. The meals were served hot. We heard one person request a sandwich as they did not want a hot meal. Staff responded appropriately and gave them the alternative meal they wanted. People were offered a choice of juices throughout the lunch period and asked if they wanted more food. We found staff offered choices of suitable food and drink to meet people's nutritional needs.

We observed staff engaged positively with people, checking to see if people had what they needed. We saw support was given to one person who required help with eating and drinking. The staff member was patient and spoke to them in a calm tone whilst feeding them. People could be confident staff would support them to meet their eating and drinking needs.

We looked at one person's nutritional and hydration plan. This had been assessed using a recognised screening tool. A recent assessment conducted in July 2013 assessed the person as at low risk of malnutrition. We viewed their weight chart and saw the person's weight was checked monthly. This was to ensure the person had no weight loss. The care plan identified the need for a care worker to assist with eating and drinking. We observed this being carried out by staff during the lunch period. This showed staff monitored food and fluid intake to prevent any risk of poor nutrition or dehydration and took any necessary action.

The chef told us they made sure people were getting balanced meals. This was achieved

by providing people with a selection of red and white meat, fish and a selection of vegetables.

The chef demonstrated awareness in regards of people with specific dietary needs and explained how they catered for them. They told us discussions were held to see what people wanted and sought feedback on the meals served. One person we spoke with, was a vegetarian, confirmed the chef would find out what they wanted to eat each day. People could make decisions about their food and drink because the service took into account people's individual preferences and needs.

The chef told us they had undertaken their food and hygiene course. Training records confirmed this. They told us they were currently undertaking their National Vocational Qualification (NVQ) Level 2 in hospitality and leadership. This showed staff involved in food preparation had the required skills to carry out their role and produced food to help facilitate a healthy, balanced diet.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On our last inspection on 3 January 2013, we found there was an inconsistency between assessed care needs and the 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 is only one member of staff on duty between 10pm and 8am. We asked the service to provide an action plan of how they were going to remedy this. The provider submitted an action plan on 23 April 2013, which stated they would recruit an assistant night carer.

The manager told us they had recruited two new staff members to work the night shift. On our inspection on 31 July 2013, we viewed the staff rotas covering the periods of 22 July 2013 to 28 July 2013 and 29 July 2013 to 28 July 2013. We saw night shifts during these periods were adequately covered. One staff member said: "I think there are enough staff now." People we spoke with said there were enough staff and they had enough time to care for them. Training records showed the two new staff members had undertaken appropriate training and had obtained the relevant qualifications in health and social care. There were enough qualified, skilled and experienced staff to meet people's needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We asked for and received a summary of complaints people had made and the provider's response. The manager told us only one complaint was received. They showed us the 'complaints action/reply form'. This recorded the date the complaint was received; the name and contact details of the complainant and whether they were a resident, relative, visitor or other. The form recorded the method of reply for example, verbal or written. We viewed the complaint made in April 2013 and saw that it had been investigated and resolved to the satisfaction of the person who raised the complaint. People could be confident their comments and complaints were listened to and dealt with effectively.

The 'concern or complaint procedure' showed what people could do if they were unhappy with the service. People were told how their concern would be handled and what to do if they were still not satisfied. This was displayed on the resident's notice board. The manager told us staff would report all complaints received to them. The staff we spoke with demonstrated a good understanding of the procedure. One member of staff told us: "I would pass it onto my manager. I would write a statement and ensure other staff members are aware at handovers, if appropriate." We spoke with three people, who told us if they wanted to complain they would speak to the manager. One person told us: "Staff have explained to me how I can make a complaint". This showed people knew the steps they could take if they were not satisfied with the service.

The provider may wish to note, the 'concern and complaint procedure' did not mention or give contact details for the Local Authority Adult Care Services, an organisation people who are funded by Local Authority can make complaints to.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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