

Forget Me Not Residential Home

Forget Me Not Residential Home

Inspection report

151 Burnham Lane
Burnham
Slough
Berkshire
SL1 6LA

Tel: 01628668902

Website: www.forgetmenotresidentialhome.co.uk

Date of inspection visit:
20 June 2019

Date of publication:
02 August 2019

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Forget Me Not is a care home that was providing personal care to 14 predominantly older people at the time of the inspection. The service can support up to 16 people.

People's experience of using this service:

The registered manager and staff used innovative ways to meet people's support needs and went the extra mile to provide safe care and support. The registered manager worked closely with the GP and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was highly personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

People told us staff were very caring. Staff consistency and commitment enabled people to receive excellent care from staff who knew them well. People had access to a variety of personalised activities to prevent social isolation and promote their wellbeing. Events were provided that matched people's personal histories and interests and where possible, people's wishes were granted.

People living at Forget Me not received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were very well supported to maintain good health and to meet their nutritional needs.

Forget Me Not was well-led by a registered manager who continually looked for ways to improve people's lives. Staff culture was compassionate and caring and this had resulted in the provision of some exceptional care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

Rating at last inspection:

At our last inspection we rated the service Good. Our last report was published in December 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Forget Me Not Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an 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.

Service and service type

Forget Me Not Residential Home is registered to provide accommodation and personal care for up to 16 older people who require personal care. Most people in the home were living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation is spread over two floors and comprises of 16 rooms. The service had a manager who was registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at

notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection reports.

During the inspection

We spoke with 10 people and two relatives. We looked at seven people's care records and five medicine administration records (MAR). We spoke with three care staff, the chef, the deputy manager, the registered manager and the provider. We reviewed a range of records relating to the management of the home. These included three staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I'm safe, somebody is here all the time to help".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I would go and see [registered manager] and report to safeguarding".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was independently mobile but at risk of falling in the bathroom. Staff were provided with guidance to safely support the person when they went to the bathroom.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We normally have enough staff, yes".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- People's medicines were stored securely and in line with manufacturers' guidance.
- The register manager ensured people's medicine were administered by trained and competent staff. One member of staff said, "I have just been checked with medications, we all get regularly checked and of course I've been trained".

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. We observed staff following safe, infection control practice.

- The environment was spotlessly clean and well maintained.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The registered manager had introduced systems to reduce the risk of accidents reoccurring. For example, following a fall, people were referred to relevant healthcare professionals to reassess their support needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were assessed before they came to live at Forget Me Not to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance.
- People's expected outcomes were identified and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I am very well supported both in, and out of work".

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "I enjoy the food and I can still eat most things". Another person told us, "I always look forward to dinner". The chef commented, "I provide alternatives if residents don't like the menu or simply change their mind".
- Where people were at risk of weight loss a malnutrition universal screening tool (MUST) was used to manage the risk and monitor the person's weight.

Staff working with other agencies to provide consistent, effective, timely care to support people to live healthier lives and access healthcare services and support

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.
- One healthcare professional told us, "This is a lovely home. I get good referrals and staff follow our advice". Another healthcare professional said, "I visit the home every week. The staff and manager are friendly and approachable and we enjoy good communication. I have no concerns with this home".

Adapting service, design, decoration to meet people's needs

- People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- There was appropriate, dementia friendly signage that enabled people to find their way around the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Ensuring consent to care and treatment in line with law and guidance

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "I always presume residents have capacity to make decisions, and I respect those decisions".
- Records relating to the MCA were reviewed, accurate and up to date. Where people were being deprived of their liberty, appropriate applications had been submitted to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the care they received and told us staff were very caring. One person said, "I love this place, such lovely people [staff]". A relative commented on how welcoming the staff were and how everyone was made to feel at home. They said, "They [people] are very well looked after here, it is as homely as it can be".
- A healthcare professional who regularly visited the home spoke about the positive relationships in the home. They said, "They have developed harmonious relationships between community staff, care home staff, residents and GP, which is of significant benefit to the residents".
- People's diverse needs were actively supported. One person was deeply religious but due to their condition they had been unable to visit their church for a long time. The person's wife was buried at the church. Staff arranged for the person to visit the church where their friends greeted them warmly and the person was able to visit his wife's grave. On returning to the home the person told staff he felt "Spiritually fulfilled".

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in their care. Records showed staff discussed people's care on an on-going basis. For example, some people with certain conditions experienced higher incidences of urinary tract infections (UTIs). Following research, discussions with people, relatives and the GP the registered manager provided people with blueberries and pineapple juice. These people were monitored over a period of time and the incidence of UTIs greatly reduced. This had a positive impact on people's health and wellbeing, reduced the need for antibiotics and reduced falls in the home.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "I have to have support sometimes and staff are respectful and delightful".
- People were supported to be as independent as possible and the registered manager used innovative methods to promote independence. For example, the registered manager saw that people living with dementia would often get up in the night. When staff told them it was night time and it was best for them to return to bed they often became confused. The registered manager discussed this with staff and it was decided staff would wear pyjamas on the night shift. This meant when people saw staff they recognised it was night time and the majority of people would return to bed of their own accord. This reduced people's anxiety and encouraged their own decision making, promoting their independence.

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, one person suffered from memory loss. Staff were provided with memory cards that were used to prompt the person's memory. This supported the person to remember significant dates and events and reduced their anxiety caused by memory loss.
- The provider, registered manager and staff went the extra mile to support people. For example, the registered manager was approached by a relative of a person. They explained how the person was on high doses of anti psychotic medication and restrained in bed. The registered manager travelled a great distance to assess the person and arranged to bring them back to the home. Once the person was in the home the registered manager and healthcare professionals reduced their medication and introduced vitamins to improve the person's condition. This person's health 'dramatically improved' over time and they progressed from being extremely confused and unable to get out of bed, to being independently mobile and very alert. We saw photographs of this person that demonstrated the dramatic improvement and changes that had occurred in the time they had lived at the home. The person's relative commented, "I am grateful that the manager took the time to go out of her way to do the assessment and I am pleased that my brother is now so happy".
- The registered manager was innovative in responding to people's changing needs. One person's condition deteriorated, and they were referred to a neurology specialist. However, there was a long waiting list for the appointment. The registered manager consulted with the GP about what to do in the interim period and a decision was made to trial the person with a particular drug. This helped the person's condition. When the person saw the neurologist, they contacted the registered manager and GP and praised them for their 'proactive approach' to the person's care. This action helped to maintain the person's health until their appointment.
- Staff were highly motivated and keen to support people to the best of their ability. We heard about staff working with people to grant their wishes. For example, one person had dreamed of taking a ride in a convertible sports car before they died. The registered manager, in consultation with the family, arranged for this wish to come true and we saw photographs of this person enjoying their ride. At the end of the ride the person turned to the registered manager and 'smiled with tears in her eyes'. Shortly after the person sadly died and the daughter commented, "Thank you for the excellent care" provided to this person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated well with people, ensuring they understood what was being said and the choices they were being offered. We observed staff communicating with people, taking time to ensure the person understood what was being said. Staff crouched down to people's eye level and maintained eye contact. This meant people were informed and enjoyed interaction that reduced social isolation.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. Information was available in large print, foreign languages, braille and picture formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager used innovative methods to meet people's needs. One person was reluctant to leave their room and was becoming socially isolated. Staff noticed people at the home loved dogs and the person was particularly keen. The registered manager brought a puppy for the home. This resulted in the person regularly leaving their room to play with the dog in the home's garden. The registered manager said, "Everybody loves [dogs name] but [person] especially. He has come out of his shell and interacts with other residents and staff now which has been really beneficial for his wellbeing".
- People had the opportunity to engage in activities and interests that were important to them. Staff used their knowledge of people's interests and past histories to provide very personal activities. For example, some people in the home had a history associated with dance. The registered manager contacted a dance group who came and performed Swan Lake for people at the home. People were able to chat with the dancers and we saw photographs of people engaging with the group. There were lots of smiles and laughter in the photographs. The registered manager said, "That evening has been a constant source of conversation amongst residents and it is clear they enjoyed the experience immensely".

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per the provider's policy.
- One person said, "I have not got any complaints and I am happy here".
- Where people raised informal concerns or ideas, action was taken to address them. For example, improvements to activities for some people were requested. Activities and people's participation were reviewed and as a result, staff recorded an increase in people's participation.

End of life care and support

- At the time of our inspection, one person was receiving end of life care. This person was visited daily by the district nurse who administered pain relief medicine. 'Just in case' medicine had been prescribed by the GP and staff worked hard to maintain the person's dignity. This person's care was reviewed weekly as their condition deteriorated.
- People's preferences relating to end of life were recorded. These included funeral arrangements and preferences relating to support.
- The GP spoke with us about end of life care at Forget Me Not. They commented; "At the end of their lives, they [people] were bed bound. I was very impressed with how well all the staff looked after these patients. The patients were respected and talked to. They [staff] had great paperwork involving turning the patients, feeding, etc. These patients were looked after extremely well, passing away in a very dignified and calm way.

Their symptoms were well managed. The care provided was of an extremely high standard and professional. I was impressed".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner. People greeted the registered manager with smiles.
- One person told us how the registered manager and staff cared for them. They said, "Staff will keep on checking everything is alright". A relative said, "This home is well-led".
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified a pattern of falls during the night. With people's permission, monitoring at night was increased and as a result, falls had reduced.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the registered manager, deputy manager and provider. Staff comments included; "I am really well supported here, it's a great place to work" and "The registered manager is lovely, very supportive and knows her job inside out".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. The provider knew people and their relatives at a personal level and we saw the provider interacting with people throughout the day.
- One relative commented, "Frankly, we looked at a few homes, but none came near the friendliness, openness and homely atmosphere this place has. It is a very good service".
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The provider involved people in various ways. People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- The registered manager had introduced 'conference calls' with relatives enabling them to raise and discuss issues if they were unable to attend meetings.
- Surveys were regularly conducted. The results from the latest survey were very positive. Actions from surveys were used to improve the service. For example, one survey identified some people did not know how to make a complaint. The complaints policy was reviewed, and new guidance was provided for people in a picture format to help them understand the process.

Working in partnership with others

- Records showed the Registered Manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- One healthcare professional said, "The manager is extremely experienced and knowledgeable regarding safeguarding, DoLS and Power of Attorney. The staff quickly seek advice from community (healthcare) staff and carry out our recommendations promptly". Another said, "I visit Forget Me Not Residential Home every week. I find the staff and manager very approachable and friendly. The home has a very caring ethos with the residents, always looking well-kept and happy. I have no concerns about the home, which I am proud to look after and enjoy visiting".