

RMP Care Limited

R M P Care - 20 Longton Road

Inspection report

20 Longton Road
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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

This inspection took place on the 18 December 2015 and was unannounced. At our previous inspection in 2013 we found no concerns in the areas we looked at.

20 Longton Road provided accommodation and personal care for up to five people with a learning disability. Five people were using the service at the time of the inspection.

The registered manager supported us throughout the inspection. 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 2008 and associated Regulations about how the service is run.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place. There were enough staff to keep people safe and to support people to follow their hobbies and interests.

People's medicines were managed safely. Risks to people were minimised to encourage and promote people's independence. Staff were clear how to support people to maintain their safety when they put themselves at risk.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to fulfil their role effectively. There was a regular programme of applicable training.

People's nutritional needs were met. People were supported to eat and drink sufficient to maintain a healthy lifestyle.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring and they told us that were well supported by the registered manager.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

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. There were sufficient numbers of suitably recruited staff to keep people safe within the service. People were kept safe as staff and management reported suspected abuse.

Actions were taken to reduce people's risk whilst encouraging their independence. Medication was managed safely.

Is the service effective?

Good ●

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role.

People's nutritional needs were met. When people required support with their health care needs they received it in a timely manner.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect. People were as involved as they were able to be in their care, treatment and support.

Relatives and friends were able to visit freely. People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive. Care was personalised and delivered in accordance with people's preferences. People were offered opportunities to engage in community activities of their choice. The complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good ●

The service was well led. Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

There was a registered manager in post. Staff felt supported and valued by the management team.

R M P Care - 20 Longton Road

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 was planned to check 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.

This inspection took place on 18 December 2015 and was unannounced. It was undertaken by one inspector.

We reviewed the information we held about the service. This included safeguarding concerns, previous inspection reports and notifications of significant events that the manager had sent us. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke with one person who used the service. We spoke with one relative, three members of staff, the deputy manager and registered manager.

We looked at one person's care records. We looked at medication administration records.

We looked at the systems the provider had in place to monitor the quality of the service to see if they were effective.

Is the service safe?

Our findings

A relative told us they thought their relative was 'very safe' at the service. We found that people were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and who they should report it to if they suspected abuse had taken place. One staff member told us: "I would report any concerns to the manager and I know they would deal with it". The manager had made safeguarding referrals to the local authority for further investigation in the past when an incident had occurred. This meant that the provider was following the correct procedure in ensuring people were kept safe from harm.

People were supported to take risks to promote their independence through the effective use of risk assessments. Risk assessments were in place for each person dependent on their needs and they were kept under constant review. Some people accessed the community alone. The staff and registered manager worked closely with other agencies such as people's social workers and community nurses to ensure that people were kept as safe as possible through clear plans of action. This meant people's safety was constantly being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. Staff we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe.

People's medicines were stored and administered safely. People's medicine was kept in a locked cabinet. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines and they were regularly assessed as being competent by a senior member of staff. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences.

Staff told us and we saw that there were currently enough staff to keep people safe in the service. A member of staff told us that an extra staff member worked on a Saturday between 20 and 21 Longton Road, which was a neighbouring service run by the provider so people could participate in activities if they wished to. We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service.

Is the service effective?

Our findings

A relative told us: "The staff really look after my relative well, I couldn't ask for anything better". Staff we spoke to told us they felt supported and received training to fulfil their role effectively. We saw there was an on-going programme of training specific to the needs of people who used the service. Regular supervision and competency checks were undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery.

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. Most people who used the service required some support to make decisions and to consent to their care, treatment and support. We saw that people's capacity to consent had been assessed. Some people had signed their own care plans consenting to their care other people were supported by their relatives or representatives to consent.

We saw that one person had a Deprivation of Liberty Safeguards (DoLS) authorisation in place and referrals had previously been made for other people. We saw the process had been followed correctly. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

People chose what they wanted to eat and discussed it in their regular meetings where they put menu's together. Staff told us that they encouraged people to eat as healthy as possible but ultimately it was people's choice. Staff cooked with people the main meal and people could help themselves to snacks and drinks when they liked.

People were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. The registered manager and staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities. When people became unwell we saw that action was taken to seek the appropriate medical advice. A relative told us that staff had sought support for their relative when they had become unwell. They told us: " They reacted quickly and have looked after them well". People had a health action plan which was for staff to take with them if they had to support a person to hospital. The information within them would support hospital staff to know people's health and wellbeing needs quickly, so they could respond accordingly.

Is the service caring?

Our findings

One person who used the service told us they liked the staff and they looked after them well. A relative told us: "The staff are great, I am very happy with the care". From our observations we saw that staff spoke to people in a kind and caring manner. People appeared happy and relaxed in their home environment, and we saw them chatting and laughing with staff.

Staff spoke about people in a respectful manner. A member of staff told us: "It's like a family here, we spend time with people and get to know them. We eat together and go out together". The registered manager told us that they had recently had a Christmas party. They said: "We don't do separate staff and resident parties, we all go together if people want to, that's our ethos".

People were encouraged to be as independent as they were able to be and were free to come and go as they liked. Some people had their own keys to the house and came and went as they wished. Everyone had their own private bedroom which they had a key to. One person told us their privacy was respected, they said: "I can lock my bedroom door when I want to".

People were as involved as they were able to be in the running of their home. Regular meetings took place for all people who used the service. One person confirmed that there were regular meetings. We saw minutes of the meetings and what had been discussed. These included discussing the menus, feeling safe and planned activities. There were also individual monthly meetings with people and their key staff to discuss their care, aspirations and to set goals for their future.

Relatives and friends were free to visit people at any time. A relative told us: "I can visit anytime and the staff always let me know anything I need to know".

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings.

Is the service responsive?

Our findings

People were treated as individuals and their choices were respected. Care was planned and agreed based on people's individual needs, likes, dislikes and preferences. People were as involved as they were able to be in the planning of their own care. People met regularly with the staff and their representatives to discuss their care and care plans were written, discussed and agreed with the person. Some people had signed their own care plans and other people were supported by their representatives to agree to their care and support. Some people lived independently, whilst other people required more intensive support. Staff we spoke to knew people well and knew the support each person required.

People engaged in activities that they chose to do. One person proudly told us: "I've got a job and now I'm doing my NVQ". The registered manager told us that this person had always aspired to work but had been unable to gain employment. The provider had created a job role for them and was now supporting them to complete their NVQ. Another person who we had met at previous inspections was out. This person had been reluctant in the past to engage in activities however the staff had found something they were enjoying being involved in. We saw communication from the company supporting the person which detailed how well the person was doing and that they were really enjoying it. A relative told us: "They keep [Person's name] well stimulated". On the day of the inspection everyone who used the service was involved in an activity of their choice alone or with staff support. This meant that people were being offered opportunities to be involved in the community which reflected their individual preferences.

The manager told us and records confirmed that some people supported the manager to interview prospective new staff and that people's opinion was gained on each member of staff prior to the staff member's annual appraisal. The Registered manager said: "People are asked their opinion on me too so it helps me improve".

The provider had a complaints procedure. We saw that people, their family and representatives were reminded about the complaints procedure every twelve months through a questionnaire. One relative told us: "I have no doubt that the Registered Manager would deal with it if I had a complaint". People were observed to have a good relationship with the manager and staff. There had been no recent complaints.

Is the service well-led?

Our findings

People who used the service were observed to be happy and relaxed in the company of the registered manager. They approached them happily and chatted with them and the manager responded in a kind and professional manner. The manager demonstrated a passion for the people they cared for through their conversations and actions.

Staff we spoke with told us that they felt that the manager and seniors were supportive and approachable. Staff knew that the provider had a whistle blowing policy and they told us that they felt confident that if they used it they would be protected and it would be acted upon. One staff member told us: "I would whistle blow and I know the manager would deal with it".

Regular meetings took place with people who used the service and staff. Records confirmed that people's views were sought at every opportunity. We saw records that confirmed that when people had requested items or any kind of action, there was a clear audit trail of what action had been taken. The manager told us that they sent out questionnaires to relatives and health and social care professionals to gain their views on the service. Information from the questionnaires was then analysed and action taken to improve if any areas of concern had been identified.

The manager kept themselves up to date with current legislation. They told us that they attended provider forums, CQC events and were a member of the Staffordshire and Stoke safeguarding partnership and always looked for new and innovative ways of providing care. The manager demonstrated a willingness to improve by acting on the concerns we raised at our feedback session prior to us leaving.

Systems were in place to monitor the quality of the service. Staff performance was regularly reviewed and staff training was kept up to date. People's health care needs were monitored and people's care was regularly reviewed with them. There was an effective system in place to ensure that DoLS authorisations were in date and regularly reviewed. This meant that the provider was maintaining and looking to improve the quality of service provided.