

# RMP Care Limited

# The Cottage

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 October 2017. At our previous inspection in November 2015 we found no concerns and the service was rated as good. At this inspection we found that the service was not consistently safe or well led and there was a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Cottage provides accommodation and personal care for up to six people with a learning disability. At the time of the inspection there were six people using the service.

There was a registered manager in post. 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 not always safeguarded from the risk of abuse as action was not always taken to report or investigate incidents of abuse.

The systems the provider had in place to ensure that incidents of abuse were reported were not always effective.

There were sufficient numbers of staff available to support people, however some staff required further training to ensure the safety of themselves and others.

Risks of harm were assessed and people were supported to remain safe and independent through the effective use of risk assessments.

People's medicines were stored and administered safely and staff received support and supervision to remain effective in their roles.

The principles of the Mental Capacity Act 2005 were followed to ensure people's capacity to consent to their care was assessed. When people lacked the capacity they were supported to consent by their legal representatives.

People were supported to eat and drink sufficient amounts of food and drink of their liking. When people became unwell or their health needs changed, health care advice and support was gained.

People were treated with dignity and respect and were encouraged to be as independent as they were able. People's right to privacy was upheld and their relationships respected.

People's support was delivered based on their individual assessed needs and preferences. There was a

complaints procedure and people knew how and who to raise concerns with. The registered manager and providers were responsive to concerns and were liked and respected by the staff and relatives.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not always safeguarded from potential abuse.

There were sufficient numbers of staff, although some staff were not suitably trained.

Risks of harm to people were reduced to keep them safe and promote their independence.

People's medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective.

People who used the service were cared for by staff who were supported to fulfil their roles.

The principles of the MCA were being followed when people lacked the capacity to agree to their care and support.

People were supported to eat and drink sufficient amounts to remain healthy.

People's health care needs were met when they became unwell or their needs changed.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service were treated with dignity and respect.

People were supported to make choices and be independent.

People's right to privacy was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People were receiving care that met their individual needs and preferences.

People were supported to engage in hobbies and activities of their choice.

The provider had a complaints procedure and any concerns were handled appropriately.

### Is the service well-led?

The service was not consistently well led.

The systems in place to monitor and improve the quality of the service were not always effective.

The registered manager was responsive and took action to improve when they were made aware of any concerns.

Staff and relatives respected the providers and registered manager.

**Requires Improvement** 

# The Cottage

## 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 24 October 2017 and was unannounced. We also visited the offices of RMP Care Limited on the 2 November 2017 to look at records which were kept securely. It was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We had not received any notifications from the provider about this service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm.

We spoke with two people who used the service and observed others care and support as some people were unable to describe their experiences of living at the service. We spoke with one relative, three senior members of staff, the providers, the registered manager, deputy manager and a member of the care team.

We looked at two people's care records, two new staff recruitment files, staff rosters and the systems the manager had in place to monitor the quality of service. We did this to check the management systems were effective in ensuring a continuous improvement of the service.

# Is the service safe?

## Our findings

At our previous inspection in November 2015 we had concerns that people's medicines were not always being administered safely and that risks associated with supporting people when they became anxious were not being managed safely. At this inspection we found improvements in these areas; however we found that people were not always being safeguarded from the risk of abuse.

We saw that staff had recorded incidents where one person who used the service had physically assaulted other people who used the service. We found that although the person who had assaulted others was receiving health care support for their behaviour that the incidents had not all been referred to the local safeguarding authority for further investigation. We could not see what action had been taken to ensure that the victims of the abuse were reassured and protected from further incidents. This meant that people were not always being protected from the risk of potential abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that there were sufficient numbers of staff, however they were not trained to support people when they became anxious and displayed behaviours that could potentially put them or others at risk. Since the last inspection we saw that most staff had received training in how to safely diffuse situations whilst keeping themselves safe. However, we saw that not all staff had received this training and they were working with people and had been involved in incidents at times when people had displayed these behaviours. This meant that although there were sufficient numbers of staff the lack of training may put people at risk of harm as they were not trained to deal with these incidents safely.

One person who used the service told us they felt safe, they told us: "It's a good place, I'm happy and feel safe". We saw that people were reminded how to keep themselves safe at regular meetings and through pictorial format learning guides. Staff reinforced with people what to do if they answered the door to a stranger or in the event of a fire. We saw that people had individual risk assessments to support them to be able to be independent and when carrying out a task that may cause harm. For example, one person accessed the community alone to visit their family we saw that there was a clear and comprehensive risk assessment to support the person to do this. We saw another person required support when they became upset and anxious. There were clear guidelines for staff to be able to support this person at these times. We spoke to a member of staff who was able to tell us how they supported the person according to their risk assessment.

At our previous inspection we had found that people's medicines were not always managed safely. At this inspection we found no concerns in this area. People's medicines were kept in a locked cupboard in their own bedrooms and were administered by trained staff. We saw that medicines were prescribed and administered dependent on people's individual needs. For example, some people required their medicines in liquid form and this was made available to them. We saw that people had regular medication reviews to ensure that the medicines they were taking were still appropriate to their needs.

## Is the service effective?

### Our findings

At our previous inspection we had no concerns in the effectiveness of the service. At this inspection there were still no concerns and this area remained good.

People's capacity to consent to their care and support at the service had been assessed through the principles of the Mental Capacity Act 2005 (MCA). The 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. Some people had been assessed as having the capacity to agree to their care at the service, where others had not.

People who had been assessed as not having the mental capacity to agree to their care had been referred to the local authority for a deprivation of liberty safeguards assessment. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We observed that staff sought people's consent before carrying out any support tasks. A member of staff told us: "I always ask people if it's ok, before I help them with anything and explain what I'm going to do". We saw that some people had signed their own care plans agreeing to the support they were receiving.

Staff we spoke with told us that they received regular support and supervision from their line manager. A relative told us: "Most of the staff have experienced training on working with adults with autism and as such are able to respond to [Person's name's] needs in an appropriate manner". We saw that new staff had an induction and worked with more experienced staff. There was an on-going programme of training based on the needs of people who used the service. We observed staff and saw that they were competent in their roles.

People were supported to eat and drink sufficient amounts to remain healthy. People were able to choose what they wished to eat and drink dependent on their individual preferences. One person had a condition which meant they should restrict eating certain foods as they could make them ill. Staff were able to tell us which foods could upset the person and that they encouraged the person to avoid them as much as possible. However they told us that on occasions the person would choose not to follow the healthy option and this was respected. Another person was prone to losing weight as they sometimes forgot to eat. We saw there was a risk assessment in place for staff to offer the person snacks in their bedroom when they were spending long periods of time in there.

When people became unwell or their health needs changed, health care advice was sought in a timely manner. People were supported to see their own doctor and consultants when necessary. Some people received support from a community psychiatric nurse for support and guidance with their mental health.



Staff encouraged people to remain healthy and follow the health care advice. For example, a member of staff told us: "[Person's name] has been advised to use medicated toothpaste but they don't like it, so we have brought them fruit flavoured toothpaste, because they like fruit and at least they will clean their teeth with it, where as they wouldn't before".

## Is the service caring?

### Our findings

At our previous inspection we had no concerns in how people were treated. At this inspection there were still no concerns and the area remained good.

A relative told us: "I am very happy and satisfied by the care my relative receives from the staff at RMP Care. They are well settled and seems to enjoy good relationships with all of the staff and fellow residents". We observed that interactions between people who used the service were respectful and caring. People were offered choices and encouraged to be independent. For example, two people chose to have a lie in bed and get up a little later in the morning. We saw this was respected and these people got up when they chose to and helped themselves to their choice of breakfast. Other people freely came and went within their home, choosing to socialise or spend time alone.

People all had their own personal bedroom which had been decorated to reflect their individual preferences. We saw that staff knocked on people's bedroom doors before entering. A member of staff told us: "I treat people how I would like to be treated, when I'm supporting people with personal care, I always shut the door and draw the blinds and try not to cause embarrassment for people".

People were encouraged to be as involved as they were able to be in the running of their home and relatives were kept informed of their relatives well being. A relative told us: "The manager alerts me to any issues concerning my relative. She also advises me of his reviews and these I attend". Regular meetings took place for all people who used the service. We saw minutes of the meetings and what had been discussed. These included discussing the menus, feeling safe and planned activities. Monthly meetings with people and their key staff also took place to discuss their care, aspirations and to set goals for their future.

People were supported to maintain relationships with people who were important to them. One person often visited their elderly relatives. Staff at the service had built a relationship with the relatives and ensured that they too were cared for safely in their own home. Other people required support to contact or visit their friends and relatives and this was facilitated by staff when requested. People had access to a telephone on which they could ring their relatives at any time.

## Is the service responsive?

### Our findings

At our previous inspection we had no concerns about the responsiveness of the service. At this inspection we still had no concerns and this area remained good.

People's needs were assessed prior to admission into the service. We saw the provider's service user guide was available in a variety of languages for people who may have had specific cultural needs. People's needs were regularly assessed to ensure that the service was still appropriate. When people's needs changed staff at the service responded and sought advice from other agencies in how to support and offer care to people. We were told that no one using the service had specific cultural or religious needs; however we saw that people's care was delivered to meet their individual needs and preferences.

People, when able to were involved in the reviewing of their own care and had signed to agree their care plans. People's care plans and risk assessments were reflective of people's needs and described people's likes, dislikes and preferences. We saw that staff knew people's needs and communicated with them in a way in which they would understand. For example, we observed one staff member using Makaton (sign language) with one person when asking them what they were doing that day and the person was able to understand and respond.

People were supported to engage in hobbies and activities of their preference. Each person had an activity plan for the week which included working on a farm, gardening in the community and other organised group activities. Some people were independently accessing the community and one person had a job as a volunteer in a local shop. The staff sourced activities for people which would meet their individual needs. One person chose to stay at the service most of the time and not join in community activities. This person was offered activities around the home and on the day of the inspection they went shopping for food at the local supermarket with staff.

The provider had a complaints procedure and we saw that this was available in a pictorial form for people with communication difficulties. A relative told us: "I would contact the manager, or [Person's name's] key worker as I have their mobile phone numbers and e mail addresses and would be confident that they would respond quickly to me". People's feedback was also gained through the regular reviews of their care and the residents meetings that were held. There had been no complaints since our last inspection.

## Is the service well-led?

### Our findings

At our previous inspection we had no concerns in how the service was led. At this inspection we had concerns that the systems in place to ensure people were safe were not always effective.

We looked at people's daily records and saw that there had been several incidents of assault from one person on other people who used the service. Staff had recorded these in people's daily records and one incident had occurred out in the community and had been reported back to the staff at the service. However these incidents had not been reported to the registered manager so they could consider as to whether they needed to alert the local safeguarding for further investigation. This meant that the system for reporting potential abuse was not effective. Following the inspection the registered manager amended the provider's safeguarding policy and reinforced with all staff what they needed to do if they saw or suspected a person had been abused.

On two people's care records we saw that information relating to other people who used the service was recorded as their needs. This was because some information was copied. The care plan audits and regular care plan reviews had not identified that there were mistakes in the information. This meant that the information available to staff was not always correct and may lead to the incorrect care being delivered.

The senior staff conducted monthly internal audits in relation to the management of the home, such as medicines, fire and maintenance to ensure the homes were maintained and safe. Staff received regular support from the management team and the registered manager completed direct observations on staff's performance. Staff we spoke with told us they liked and respected the registered manager and the providers and that they were approachable and supportive.

The registered manager was responsive to our feedback and looked for ways to continually improve the quality of service for people who used the service. A relative told us: "The manager is a very positive and supportive person and I am very comfortable in sharing issues with her to achieve good outcomes for my relative". The provider worked with in partnership with other agencies to best meet all of people's assessed needs and preferences. People's feedback was regularly sought, this included relatives and professionals working with the staff to support people. We saw feedback was positive and that people were happy with the quality of service they received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not always being protected from the risk of abuse.