

RMP Care Limited

R M P Care - 1 Alexandra Street

Inspection report

1 Alexandra Street
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15 February 2016

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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 15 February 2016 and was unannounced. At our previous inspection in 2013 we found no concerns in the areas we looked at.

1 Alexandra Street provided accommodation and personal care for up to six people with a learning disability. Six people were using the service at the time of the inspection.

There was a registered manager in post, they were not available on the day of this 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 sufficient staff to keep people safe and to support people to follow their hobbies and interests.

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.

People's medicines were stored, administered and managed safely.

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

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.

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 made 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 - 1 Alexandra Street

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 15 February 2016 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 registered manager had sent us. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke to five people who used the service, two relatives, one care staff and two team leaders.

We looked at the care records for two people who used the service, and the systems the provider had in place to monitor the service. We checked one person's medicines and their medication administration records. We did this to check the effectiveness of the systems the provider had in place to maintain and improve the quality of service being delivered.

Is the service safe?

Our findings

One person told us they felt safe at the service. Relatives we spoke with told us that they thought their relatives were safe. People who used the service were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and what to do if there was an allegation of suspected abuse. The manager had made safeguarding referrals to the local authority for further investigation in the past when an incident had occurred.

The registered manager had recently arranged for the Staffordshire police commissioner to attend a meeting with people who used the service about keeping safe. We saw care plans which had been put in place involving people which covered 'keeping yourself safe outside of your own home' and 'keeping yourself within your own home'. Information within these gave clear guidance to people who used the service and was available in pictorial form for people with communication difficulties.

People were supported to stay safe and 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. We saw one person had requested to spend some time alone in their home. A risk assessment had been put in place to enable them to remain alone in their home unsupervised by staff for a period of two hours initially. A team leader told us that the risk assessment would be kept under review to ensure it was safe and appropriate to the person's needs.

We saw one person was at risk of harm to themselves when they became anxious. There was a clear and comprehensive plan to support this person at these times. Staff caring for the person knew the plan and how to keep them reassured and safe.

People's medicines were stored and administered safely. People's medicine was kept in a locked cabinet in their bedrooms. 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.

There were enough staff to keep people safe. Staff were available at all times through the day and night and extra staff were made available to support people with leisure activities. If required, staff were available in the neighbouring service and across the road at a sister service. We looked at the way in which staff had been recruited to check that robust systems were in place for the recruitment, induction and training of staff.

Is the service effective?

Our findings

A relative told us: "The staff are fabulous, just brilliant, if there are any issues arising the staff have usually already anticipated them". Staff received support and training to be effective in their role. 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. Some people who used the service required 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 several people had been referred to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation as they were at times being restricted of their liberty. For example; not being able to access the community alone. 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. We saw the process had been followed correctly.

People were supported to maintain a healthy diet. We saw two people chose what they liked for their breakfast, one person had cereal and another person had a banana. People were supported by staff to shop for the food and cook their main meals. One person told us: "I have high cholesterol". A member of staff told us that two people required support to eat healthy in relation to their cholesterol levels. We saw bowls of fresh fruit available in the dining room for people to help themselves to.

One person told us how staff had supported them when they had become unwell and supported them through treatment for the illness. 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.

Is the service caring?

Our findings

Two people told us that the staff treated them kindly. A relative told us: "The staff try and do the best for people". We observed that staff interacted with people in a respectful manner, talking to people at a level and pace they would understand.

One person told us that a member of staff had supported them to take their girlfriend out on a valentine's meal. They told us that with support they had brought a card, a present and booked a table at a local restaurant with staff support. They happily chatted and showed us the present they had received in return.

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 if they wanted one. We heard that staff knocked on people's door and called before entering when supporting people to get up for the day's activities.

Two people were being supported to attend a self-advocacy group. We were told this was something that they regularly attended and enjoyed being part of. One person asked about this year's holiday and staff informed them it was time to start planning them. Everyone had the opportunity to go on an annual holiday. The registered manager told us that the provider paid the staff to support people on their holidays to ensure that people would be able to go.

Relatives and friends were free to visit people at any time and relatives we spoke with told us they were always kept informed of their relative's welfare.

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 received care and support based on their individual needs, likes, dislikes and preferences. We saw people were involved in drawing up their own personal development plans and people were encouraged to write or sit with staff when daily records were written to ensure that people's views were captured daily. One person had been supported by the speech and language therapist and a communication plan had been put in place which supported staff to understand the way in which the person communicated. We saw the person had pictures and words which they used to show staff at times when they were having difficulty in communicating their needs.

We saw one person had asked to spend some time alone without staff support and staff had respected this by involving them in agreeing to take certain precautions to minimise the risks. The person had signed and agreed to the plan. A member of staff told us that this person had aspirations of becoming more independent so they were offering them the opportunity to move into another of RMP Care's services which had less intensive staff support. This meant that staff were responding and acting on people's wishes.

People were supported and encouraged to participate in a wide range of hobbies and community activities that they enjoyed. One person told us: "I went to London to the theatre with my girlfriend, the staff took us". People ate out or worked on a farm, some people worked on the local community gardening project or they attended clubs, such as 'care free living' which is run by RMP Care in the local community centre. One person had the responsibility of being the treasurer of the 'care free living' club and was supported by staff to ensure the finances in connection with the club were managed safely.

One person told us: "I would talk to the staff if I had any problems". Relatives we spoke with told us that they felt confident that if they had any concerns that they would be dealt with. One relative told us: "RMP are very professional". 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. There had been no recent complaints.

Is the service well-led?

Our findings

There was a registered manager in post, a deputy manager and a team leader for each service owned by RMP Care. There were clear lines of accountability. A relative told us: "If I had any concerns I would speak to [Person's name] team leader, first as they know them best".

Staff we spoke with told us that they felt that the manager and seniors were supportive and approachable. A member of staff told us: "I love working here". 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.

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.

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.