

RMP Care Limited

R M P Care - 21 Longton Road

Inspection report

21 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 November 2017. At our previous inspection in December 2015 we had no concerns about the quality of care and rated the service as good. At this inspection we still had no concerns and the service remains rated as good.

21 Longton Road provides accommodation and personal care for up to five people with a learning disability. At the time of this inspection five people were using the service.

There was a registered manager in post who 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 who used the service received an excellent personalised service that met their individual needs and preferences. People were at the centre of how their service was run and were fully involved in the planning and developing of the service. Staff used innovative ideas and actions to improve people's quality of life and to give them outstanding opportunities in daily life.

People were safeguarded from the risk of abuse and action was taken to report or investigate incidents of abuse.

There were sufficient numbers of staff available to support people who had been employed through safe recruitment procedures.

Risks of harm were assessed and people were supported to remain safe and independent through the effective use of risk assessments. Lessons were learned following incidents that had put people at risk of harm.

People were protected from the risk of infection as infection control procedures were being followed.

People's needs were assessed and they received care and support from other agencies to ensure a holistic approach.

Staff received regular support and training to be able to fulfil their roles effectively.

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.

The design and decoration of the building met people's individual needs and preferences.

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 were involved and able to express their view on how their service was run.

People received personalised care that was responsive to their individual needs and people felt able to raise concerns and were assured they would be acted upon.

People's wishes on how they wished to be cared for at the end of their life were sought.

There was a clear and visible strategy to deliver high quality care and support and there were systems in place to ensure that responsibilities are clear and performance is managed.

People who used the service, staff and the public were actively engaged and involved in the care delivery.

The registered manager and staff were continuously striving to improve the quality of service for people and staff worked with other agencies to ensure a holistic, open approach to people's care and support.

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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.

People were kept safe as staff and management reported suspected abuse

There were sufficient numbers of suitably recruited staff to keep people safe within the service.

Lessons were learned when things went wrong. Actions were taken to reduce people's risk whilst encouraging their independence.

Medication was managed safely.

People were protected from the risk of the spread of infection.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and care and support was delivered in line with current legislation,

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 and when people required support with their health care needs they received it in a timely manner.

Staff worked with other organisations to deliver effective care and support.

People's needs were met by the design and decoration of the premises.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were actively involved and able to express their views about their care and support.

People's right to privacy was respected.

Is the service responsive?

Outstanding 

The service was very responsive.

People received care that was exceptionally personalised and responsive to their needs.

People were able to raise concerns and these were listened to and respected.

People had an end of life plan in place.

Is the service well-led?

Good 

The service was well led.

There was a clear and visible strategy to deliver high quality care and support.

There were systems in place to ensure that responsibilities are clear and performance is managed.

People who used the service, staff and the public are actively engaged and involved in the care delivery.

The registered manager and staff were continuously striving to improve the quality of service for people.

Staff worked with other agencies to ensure a holistic, open approach to people's care and support.

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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 30 November 2017 and was unannounced. This inspection 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 looked at the notifications the provider had sent us. 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 three 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 received information from three relatives and spoke to a health care professional. We spoke with two senior members of staff, the registered 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 December 2015 we found no concerns in keeping people safe. At this inspection we found there were still no concerns and people were being cared for in a safe way.

People we spoke with told us they felt safe. One person told us: "I would ring the staff if I felt frightened when I was out and I only talk to people I can trust". A relative told us: "I feel [Person's name] is in a safe environment and have no worries about her placement in that respect". Another relative told us: "[Person's name] is safe and they check on her all the time if she is away from home. There is not one staff member whom I would not trust". We found that people were protected from abuse and the risk of abuse as staff had received training and knew what constituted abuse and who they should report it to if they suspected abuse had taken place. 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.

Staff talked to people about keeping themselves safe and put plans in place to support people to stay safe whilst maintaining their independence. One person had previously gone into the community and not returned at the time expected of them. After finding the person, plans were put in place with the person's agreement for an app on their mobile phone which meant that staff knew the person's whereabouts when they were out alone. The person knew their risk assessment and knew that when they didn't return home that they would meet staff at a designated place for them to bring them home. This meant that this person was supported to take risks whilst being supported to be independent.

Lessons were learned when incidents had occurred which had put people at risk of harm. For example, one person had asked for a fridge in their room and this had been supplied for them. However the person had developed an unhealthy appetite for food and this was putting their health at risk. The staff recognised that having the fridge only made the problem worse so with the person's agreement they removed it. This had meant that the person's food intake could be monitored to ensure they ate a healthy amount of food.

People's medicines were stored and administered safely. Medication was kept in a locked cabinet in people's individual rooms. Staff we spoke with confirmed they had received comprehensive training in the administration of medication and they were regularly assessed as being competent. 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 sufficient numbers of suitably trained staff to keep people safe. Staff we spoke with told us that staffing levels were safe and they were flexible dependent on what activities people chose to be involved in. We saw there were enough staff to support people in their home and to access the community. There was an on call system and the staff supported the provider to maintain adequate cover at all times. The provider followed safe recruitment procedures when employing new staff and carried out pre-employment checks. Pre-employment checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or

reprimands listed for the applicant. This meant that staff were of good character and fit to work with people.

We looked to see how well people were protected from the risk of infection. The registered manager told us that they had had a recent sickness outbreak which they had reported to the public health. Staff at the service had followed the public health guidance and the infection had managed to prevent the spread of the infection to other people using the service and staff. Staff supported people to keep their home clean and we saw that there was a 'Keep Clean' brochure in a pictorial format which informed people how to keep clean including when cooking and with personal care. This meant that people were supported to maintain a clean environment as staff had received training in food hygiene and infection control procedures.

Is the service effective?

Our findings

At our previous inspection we had no concerns in the effectiveness of the service. At this inspection we found that the service was still effective.

People's needs were assessed and plans put in place to meet these needs. The registered manager and staff sourced and followed legislation to ensure that people's needs were met. For example, three people were independently accessing the community and two of these people had had incidents which had put them at risk. The registered manager had offered the two people assisted technology to help keep them safe. One person had accepted the offer and the other person had declined by saying 'Thank you for your advice but I am not accepting it'. This choice had been respected and this meant that the staff were following the guidance in ensuring that this person was able to make decisions about their own care as much as they were able to.

People were supported by staff who were supported and effective in their roles. Staff told us and we saw records that confirmed they received regular support and training to be able to fulfil their roles effectively. A relative told us: "I feel the staff are good at what they do and that they do, as a whole, genuinely care about the clients and their needs and welfare. There are obviously personality differences and different degrees of rapport but these are well-balanced throughout the team". New staff went through an induction and worked with other more experienced staff to ensure they were effective before being able to work alone and unsupervised. There was a regular programme of training applicable to the tasks that staff were being asked to undertake.

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 everyone's capacity to consent had been assessed due to their learning disabilities. Some people had been assessed as being capable to make their own decisions and lived an independent lifestyle. Staff knew people well and when they had concerns about people's capacity to make choices that may put them at risk they contacted people's representatives. They then held meetings to discuss and agree whether the person's choice was in their best interest. These meetings are called 'Best Interest' meetings and are part of the guidelines within The MCA.

The Deprivation of Liberty Safeguards is part of the MCA 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. The registered manager told us that one person had been referred to the local authority as they had initially on admission into the service expressed a wish to leave. However since being at the service the person had settled and was happy with their care and support. They told us: "It's better for me here; I get to see my family now as I couldn't always get to see them before".

People told us and we saw they chose what they wanted to eat and discussed it in their regular meetings where they put menus together. Staff told us that they encouraged people to eat as healthy as possible but ultimately it was people's choice. One person was being encouraged to eat a healthy diet due to weight gain and we saw that they were being supported to gain support from health professionals to rule out an underlying health condition.

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 and when people showed signs of being unwell the appropriate health care advice was sought.

The service had been designed and decorated to meet the individual needs of people who used the service. Each person had their own room which had been decorated to their liking. One person told us: "I like lilac and my room and I chose how to decorate it and I like it". There was a new fitted bathroom which was clean and modern and we saw that the fixture and fittings were well maintained throughout the house.

Is the service caring?

Our findings

At our previous inspection we found that people were treated with dignity and respect. At this inspection we found that people continued to be treated well and their rights respected.

People who used the service told us they were treated well. One person told us: "I like it here, the staff are nice to me". Another person told: "All the house has been ok, I get on with everybody". A relative told us: "The staff have always treated [Person's name] with dignity and respect".

Staff supported people to maintain relationships with people who were important to them. One person was being supported to see their relatives regularly. They told us: "It's better for me here; I get to see my family now as I couldn't always get to see them before as there was no transport".

People who used the service had a say in how their service was run and about the care they received. One person told us they were involved in interviewing prospective new members of staff with the registered manager. There were regular house meetings and people were involved in all the decisions about their care. We saw minutes of these meetings and people had discussed the menu choices, how to keep safe and activities.

People's right to privacy was respected. Everyone had their own bedroom and a door key if they wanted one. People told us they could spend time alone and we saw they had choices about what they did. People were able to get up and go to bed when they liked. We saw a member staff respectfully reminded one person of their need to get up for work as they were going to be late and another person who requested help to do up their clothing was taken to a private place to do this.

People had built relationships with staff and we observed that there was a mutual respect between them. Everyone had been out for a Christmas meal with the providers, registered manager, staff and other people who used the providers other services. This was a regular event and two people we spoke with told us they really enjoyed this. The registered manager told us that they arranged the Christmas celebrations like this as they respected people who used the service and treated them as equals.

Is the service responsive?

Our findings

At our previous inspection we found that the service was responsive to people's individual needs. At this inspection we found the service was responsive with outstanding outcomes for people.

The service provided an exceptional, flexible and responsive approach to people's individual needs and preferences, we saw that staff found creative ways to enable people to live as full a life as possible. Each person spent their time being involved in activities that they chose to or had had been identified as being appropriate to their individual needs. One person had been supported by staff in response to their interests to source a jewellery, craftwork and knitting course. The course was available in the local community and membership was open to all who were retired or no longer in full time employment. The registered manager told us that there were initial problems enrolling the person on the course, however they rang the course organiser and the person had gone on to join and was enjoying making their own patchwork quilt for their bed. This person was successfully integrating into the local community.

Another person had an interest in music. However the only available music activity in the community was designed for children. The registered manager told us: "We tried to organise an adult session that would be suitable for [Person's name] however after several meetings this was not viable due to costing's. We were not to give up and used the skills of a staff member who is able to play the guitar. We sourced a venue and scoped out objectives for the group and this has been running successfully and [Person's name's] relative comes to be part of this each week with the person". This meant that this person was enjoying participating in a chosen activity that had been designed and personalised just for them.

Two people worked as volunteers in a shop. They had been supported to find this work by staff and now were independently going to work. Other people required more staff support to engage in activities. One person enjoyed going swimming and attended organised day activities with the support of staff. This showed the staff were using initiative ways of working to support people to experience what otherwise they would not be able to achieve.

Staff at the service had managed to gain tickets to the filming of 'Children in Need'. One person had expressed a desire to go with a person from the neighbouring service. The registered manager told us that when the tickets came they stated that they could not guarantee admission into the show. Staff recognised that if one person had been turned away this could cause them distress and anxiety so they had made several phone calls to the BBC to ensure entry. The night had gone ahead as planned and had been a great success for the people who had attended. The staff who had supported the people had done so in their own time so not to impact on other people's care. This showed an exemplary value base and that staff went the extra mile to make things happen for people.

People were enabled to have support and control of their own lives. Assisted technology helped two people remain independent in the community whilst maintaining their safety in the form of tracking devices. One person had previously not been able to see close family members and had not had holidays or outings for a long period of time before admission into RMP care. A health professional told us: "[Person's name's] quality

of life has so improved, they see their family weekly and have been on holidays. The staff are brilliant and they anticipate any issues that may arise and respond and put plans in place". This showed exemplary care and support that enriched this person's life experiences.

The staff responded when people required support with maintaining their health. One person was a diabetic and required a healthy diet to maintain good health. After several unsuccessful months of encouraging the person to eat vegetables, a member of staff suggested purchasing a soup maker as the person would eat vegetables in soup. The person told the staff they would like a soup maker and this was purchased and delivered on the day of the inspection. This demonstrated that staff were responsive to people's individual needs and this would have a positive impact on this person.

If people required support to make choices this was available to them through a range of forms of communication. We saw there were documents in pictorial form for people with communication difficulties. Staff at the service worked with a range of other agencies to support people to live a fulfilled lifestyle as possible. We saw at one person's review a social care professional had recorded 'Staff have positively and proactively took action to help prevent [Person's name] express their concerns'. The registered manager told us: "Everybody gets the support they need whatever their diverse needs".

We saw one person had a care plan which informed staff how to support the person with their make-up and hair. The care plan was called 'Top to Toe' and informed staff how to support the person with all their personal care needs. This showed that staff were recognising, respecting and responding to this person's needs.

People who used the service were encouraged to raise concerns through daily interactions with staff, a quality survey and regular meetings. One person told us: "I would speak to the staff if I had any concerns". A relative told us: "If I have concerns I am able to raise them with the staff on my weekly visits, or by telephone with the registered manager if I feel they require further attention. My concerns are always listened to and responded to quickly and appropriately". Another relative told us: "I can talk to any of the staff with confidence. The staff always try to respond quickly to any of my requests". The provider had a complaints procedure. The registered manager told us there had been no complaints.

People were supported to understand death and dying and have an end of life plan. There was an information booklet with an explanation of death and asked how people wished to be cared for at the end of their life and any necessary arrangements that needed to be made.

Is the service well-led?

Our findings

At our previous inspection we found that the service was well. At this inspection there were still no concerns in this area.

People who used the service were at the centre of how the service was run. The registered manager and staff demonstrated a respectful and caring value base when delivering the support that people required. A relative told us: "The service is well led and I have come to feel that they are like an extension of my family". Staff we spoke with told us that they liked working at RMP care and found both the providers and registered manager supportive.

Regular meetings took place with people who used the service and staff. Records confirmed that people's views were sought at every opportunity. The registered 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 registered 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 board 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. This meant that the provider was maintaining and looking to improve the quality of service provided.

The registered manager and staff worked with other agencies to deliver care that was personalised and individual to the people who used the service. There were regular multi agency meetings and the registered manager worked in an open and transparent way to ensure people were cared for in a safe and holistic way.