

RMP Care Limited

R M P Care - 20 Oulton Road

Inspection report

20 Oulton 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 4 February 2016 and was unannounced. At our previous inspection in 2013 we found no concerns in the areas we looked at.

20 Oulton 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 sufficient 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 Oulton 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 4 February 2016 and was unannounced and 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, three relatives, one care staff, two team leaders and the registered manager.

We looked at the care records for two people who used the service, and the systems the provider had to monitor the service. We checked one person's medicines and two people's 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

Two people who used the service told us they felt safe in their home. One person said: "I'm safe, I'm glad I'm here". Relatives we spoke with also told us they felt their relative was safe. One relative said: "[Person's name] has no sense of danger, so staff support her to stay safe". People were safeguarded from the risk of abuse as staff knew what to do if they suspected abuse. The manager had made safeguarding referrals to the local authority for further investigation in the past when an incident had occurred. It had recently been arranged for the Staffordshire police commissioner to attend a meeting with people who used the service about keeping safe. A member of staff told us: "They pitched the talk just at the right level so people would understand, some people said 'Don't talk to strangers' and it reinforced what we tell people about keeping safe".

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 a risk assessment for one person for in the event of a fire. The risk assessment identified that the person would only respond to the fire alarms if staff took one of their favourite items with them when leaving the building. Staff we spoke with knew the person's risk assessment and what to do in the event of a fire.

We saw when people's needs changed that action was taken to maintain their safety. For example, one person had become more dependent on staff support due to a recent diagnosis of epilepsy. We saw that the person had been supported with their consent to move into another service, still provided by RMP Care which had more staff available to keep them safe. We saw that there were clear plans and guidance in place for staff to be able to support people when they were unwell. Equipment to keep people safe through the night was in place and we saw it was regularly checked and maintained.

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.

A member of staff told us and we saw that there were currently enough staff to keep people safe. Staff told us that an extra staff member worked on in the evening between 20 Oulton Road and The Cottage, which was a neighbouring service run by the provider so people could participate in evening activities if they wished to. 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. 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

Relatives we spoke with told us that they felt that staff were effective in their roles. One relative told us: "The staff know my daughter really well and they take a lot of time with her". A member of staff we spoke with told us they felt supported in their role and had received sufficient training to fulfil their role. 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. 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. We saw that one person who lacked capacity would refuse dental treatment and that a 'best interests' meeting had been held and a decision had been made in the past to support the person with the planned treatment. 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.

Two people told us they chose what they wanted to eat and helped plan the menus. They also cooked and prepared the meal for their peer group on identified days in the week. No one was on a special diet and staff encouraged people to maintain a healthy choice, however people's choice was respected. One person liked a pie and chip supper on a Friday and we saw records that confirmed that staff supported the person every Friday to go to the chip shop to purchase them.

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.

Is the service caring?

Our findings

People were treated with dignity and respect. Two people told us they liked the staff and that they were kind to them. One person said: "The staff are nice, I like it here". A relative told us: "The staff are always looking for ways to improve my relative's little lot". People were happy and relaxed in their home environment, and we saw them chatting, laughing and having a banter with staff.

One person told us that they had recently had a birthday party. They told us that the staff had arranged it and provided the food. They told us that their family had attended and they had really enjoyed it. They showed us a video of them dancing and having a good time. Another person told us how they had wanted staff to stay with them when they had a hospital admission. It had been arranged for staff to be with the person for 24 hours of the day during their stay to offer them reassurance and comfort.

Everyone had the opportunity to go on an annual holiday. One person showed us their photographs of a previous holiday and we observed the registered manager involving people and their families in the choices available for their next planned 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.

People were encouraged to be as independent as they were able to be and were free to come and go as they liked. One person 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. One person told us their privacy was respected, they said: "Staff knock or call out before coming in my room".

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 and they discussed subjects as what they liked to eat and planning of activities.

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 that met their needs and suited their individual preferences. Some people required support in daily living skills such as bathing, dressing and cooking, whilst others were independent. Care was planned and agreed based on people's individual needs, likes and dislikes and 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. Staff we spoke to knew people well and knew the support each person required.

There were clear plans to support staff to be able to communicate with people at a level and pace they would understand. Community nurses had worked with people and drawn up plans called, 'staircase models' to be able to support staff to communicate with people at times when they became anxious. Staff we spoke with knew how to respond to people at these times. A staff member told us: "I use the staircase model that the community nurse put in place, it helps reassure the person".

People engaged in activities that they chose to do. One person told us: "I've got a job at the local charity shop". Other people were seen to attend day opportunities such as a farm. People told us that went to bingo, shopping, eating out and had a varied lifestyle dependent on their preferences. A relative told us: "[Person's name] does a lot more than what we could offer them here".

Two people told us if they had any concerns they would speak to the senior staff of the service. Relatives we spoke with told us when they had concerns they were quickly resolved by the registered manager or senior member of staff. One relative said: "I've suggested things in the past and the staff have implemented them". Another relative said: "We just want the best for our relative and when we have had niggles, they have always been sorted out and resolved". 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

People who used the service were observed to be happy and relaxed in the company of the registered manager. The manager demonstrated a passion for the people they cared for through their conversations and actions, they told us: "We work on the ethos 'Nothing about me, without me', the people we care for come first, if a member of staff leaves I ask them to tell the people first, it's them who they are employed for".

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.

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.