

RMP Care Limited

R M P Care - 49 Victor Street

Inspection report

49 Victor Street
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Date of inspection visit:
15 February 2016

Date of publication:
08 March 2016

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.

49 Victor Street 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.

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 in their best interests.

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

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. People were protected from abuse and the staff and management knew what to do if they suspected abuse. Risks to people were minimised through the effective use of risk assessments. There were enough staff, who had been employed using safe recruitment procedures to keep people safe. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People were supported by staff who were effective in their role. The provider followed the principles of the MCA 2005 and ensured that people were supported to consent to their care. People's nutritional needs were met and they had access to a wide range of health care facilities to maintain their well being.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect. People were encouraged to be independent and their privacy was respected

Is the service responsive?

Good ●

The service was responsive. People received care that was personalised and met their individual needs. People and their representatives were kept involved in their care and knew how to complain if they needed to.

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 - 49 Victor 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 three 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

Relatives we spoke with told us that their relatives were safe. One relative said: "[Person's name] couldn't be in a better place, they are more than 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 the person which covered 'keeping yourself safe outside of your own home' and 'keeping yourself safe 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. One person's needs had changed following an illness and we saw that their risk assessments had been reviewed and reflected their current care needs. We saw equipment was in place to support them to mobilise up and down the stairs safely. Since the illness, we saw that staff were now required to sit with the person whilst eating following the guidance of the speech and language therapist. We observed this person having breakfast and saw that staff stayed with them.

Another person who had been independent now required more support than they had previously and we saw plans were up to date and relevant to their needs. The person required the use of a frame whilst walking and we saw that they had this with them. We were told that the person had a call bell in their room which they would use if they required staff support. The bell was connected to phone lines which would alert a member of staff anywhere across the provider's services.

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. We found that the appropriate pre-employment checks had been carried out prior to people being employed.

Is the service effective?

Our findings

A relative told us: "The staff are brilliant, they are bang up to date with everything". 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 in their best interests.

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 with their nutritional needs. Two people's needs had changed due to illnesses and we saw that support and advice from a speech and language therapist had been sought. One person now required the use of a specialist cup. The cup enabled people who may experience tremors to drink unsupported. We saw they were using their cup with their morning cup of tea. Another person had an eating disorder; staff we spoke with knew the person and their needs. They told us they how they followed professional guidance to support the person with their disorder.

A relative told us: "When [Person's name] had a stay in hospital, staff from the service stayed with them all the time to support 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.

Is the service caring?

Our findings

Relatives we spoke with told us they were happy with the care their relative received. One relative said: "I couldn't have wished for anywhere better for [Person's name] to be, the atmosphere is lovely". Another relative said: " [Person's name] couldn't be in a better place, the staff treat them like they are family". We observed that staff interacted with people in a respectful manner, talking to people at a level and pace they would understand.

People were encouraged to be as independent as they were able to be and were free to come and go around their home as they liked. One person had become confused about whether or not they should be attending a community activity. We saw that staff reassured the person and allowed the person to choose not to attend the activity as this would have caused them more distress.

Everyone had their own private bedroom which they had a key to if they wanted one. One person showed us their room and how they had personalised it to their own taste. They had recently been supported by staff to buy a new chair and they told us how they were planning on buying a new television.

One person told us about their previous holiday and staff informed them it was time to start planning another holiday. We saw photographs of people's last holiday and the person happily chatted and told us about the things they had done and enjoyed including spending time in a hot tub. 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

A relative told us: "What I like about the service is that it stays very personal". People received care and support based on their individual needs, likes, dislikes and preferences. We saw that people's plans were kept under constant review and care was delivered based on people's current care needs. One person's needs had changed since being unwell and we saw that the staff had responded by ensuring they had the equipment they needed to keep them safe. We saw that the person's personal evacuation plan had been updated to ensure staff knew that they required more support than they had previously to leave the service in the event of an emergency.

Some people had epilepsy. There were comprehensive plans in place which informed staff how to respond in the event of a person suffering from a seizure. Staff knew the plans and how to respond.

People were supported and encouraged to participate in a wide range of hobbies and community activities that they enjoyed. 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. Some days people chose to stay at home, their choices were respected and staff were made available to support them in this choice. A relative told us: "I know [Person's name] is happy, sometimes they put their coat on when visiting my house as they are bored and want to go back".

Relatives told us that they were always kept informed of their relative's welfare and they felt confident that if they had any concerns that they would be dealt with. One relative told us: "I would speak to the team leader or the registered manager". 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

A relative told us: "I can't fault anything about RMP Care". There was a registered manager in post, a deputy manager and a team leader for each service owned by RMP Care. There were systems in place to ensure adequate management support at all times.

Staff we spoke with told us that they received regular support and supervision and 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.