

RMP Care Limited







The Cottage

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement 		
Is the service effective?	Good 		
Is the service caring?	Good 		
Is the service responsive?	Good 		
Is the service well-led?	Good 		

Overall summary

This inspection took place on the 6 November 2015 and was unannounced. At our previous inspection in 2013 we found no concerns in the areas we looked at.

The Cottage 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.

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's medicines were not always administered safely. Safe systems were not in place to ensure that people had taken their prescribed medicine at the time they needed it.

Summary of findings

Risks to people were not always acted upon when an incident had occurred to minimise the risk of it happening again. Staff were not clear how to support people to maintain their safety when they became anxious and put themselves and others at risk.

Staff knew what constituted abuse and who they should report it to if they thought someone had been abused. There were enough staff to keep people safe and to support people to follow their hobbies and interests.

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 training that was relevant to the needs of people at the home, which was kept up to date.

People's nutritional needs were met. People were supported to eat and drink sufficient to maintain a healthy lifestyle dependent on their specific needs.

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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Actions were not always taken to prevent harm to people following an incident that put them at risk. Medication was not always administered safely.

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.

Requires improvement



Is the service effective?

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 specific nutritional needs were met. When people required support with their health care needs they received it in a timely manner.

Good



Is the service caring?

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.

Good



Is the service responsive?

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.

Good



Is the service well-led?

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.

Good



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 unannounced inspection took place on 6 November 2015 and was undertaken by one inspector.

We reviewed the information we held about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports. These are notifications about serious incidents that the provider is required to send to us by law

We spoke with two people who used the service and observed their care. We received feedback on the service from two relatives. We spoke with four members of staff, the registered manager and deputy manager. We contacted a health care professional to gain their views on the service.

We looked at two people's care records, medication administration records, staff recruitment files and rosters. We looked at the systems the provider had in place to monitor the quality of the service to see if they were effective.

Is the service safe?

Our findings

People who used the service required support with managing their medication. Medication was stored safely and administered by trained staff. However we saw one person's medication administration record (MAR) had a question mark recorded instead of a signature of administration. Staff told us that this person did not always take their medication when they were given it, so staff were not sure whether the person had taken it or not, so were not prepared to sign to say they had taken it. This meant the person was at risk due to not having their prescribed medicine at the required time, or at risk of overdosing if they took too many tablets at the same time. Initial discussions had taken place with the person's consultant and the dose and time of administration had been changed but there continued to be further risks due to the staff not observing the person take their medication. One staff member told us: "I know we shouldn't leave them with [Person's name] really we should lock them back up until they have them".

At times, some people became anxious and required support to manage their behaviours which had the potential to put themselves or others at risk. There had been a recent incident which had resulted in a member of staff holding a person's arm to prevent them from hitting out. A member of staff told us: "I personally wouldn't have managed the situation like that, I would have given them space and left them to calm down". Another person presented with self-harm behaviours and staff did not know what to do at these times. A staff member told us: "I

put my hand behind them to stop them hurting themselves". This member of staff had not been trained to manage people with their behaviour and could have put themselves and the person at risk. Risk assessments were not in place to support staff to be able to care for people at these times and it left people at risk of further harm.

People who used the service were unable to tell us whether they felt safe, although we saw that discussions had taken place in meetings with people about 'How you keep yourself safe outside of your home and stranger danger'. We found that people were protected from abuse and the risk of abuse as staff we spoke with 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 told us and we saw that there were currently enough staff to keep people safe in the service. We spoke with staff and looked at the way in which they 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. The files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring checks (DBS). This meant that an effective recruitment process was in place to help keep people safe.

Is the service effective?

Our findings

People who used the service were observed to have positive relationships with the staff. There was a consistent staff group who knew people well. Staff told us and we saw that they received regular support and supervision to be able to fulfil their role effectively. One staff member said: “I am very much supported; we had a six week induction when we first started”. We saw there was an ongoing 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.

Everyone who used the service required some 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 had a Deprivation of Liberty Safeguards (DoLS) authorisation in place and referrals had been made for other people. 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, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Some people had signed their own care plans consenting to their care other people were supported by their relatives or representatives to consent.

One person told us that they chose what they wanted to eat and we saw a menu planned for the week. Each person

had an allocated day to choose and support staff to cook their meal. Staff told us that people were encouraged to eat a healthy diet as much as possible. One person was on a restricted diet which had been agreed through the DoLS process. Another person couldn’t eat certain foods as it would upset their stomach. Staff we spoke with knew people’s needs and plans were in place supporting staff to encourage and help the person maintain a healthy diet and lifestyle due to weight gain. We saw that dietician support had been sought for some people and guidelines were being followed. Fresh fruit was available in the kitchen for people to help themselves to.

People were supported to attend health care appointments such as their GP, optician, chiropodist and community nurses. When people became unwell staff responded and sought health care advice. Some people had ongoing health investigations and staff supported people to attend appointments and have regular blood tests. We saw a family member had recorded on a satisfaction survey,. ‘The staff have been very proactive in seeking the advice of other professionals, such as psychiatrist, community nurse, speech and language therapist and occupational therapist, so they can support [person’s name] in the most appropriate way’. People had a health action plan which was for staff to take with them if they had to support a person to hospital. The information within them would support hospital staff to know people’s health and wellbeing needs quickly, so they could respond accordingly.

Is the service caring?

Our findings

A relative told us: “RMP Care provides excellent care for my relative. Their ethos is very much 'family' orientated, that is my relative, her fellow residents and the carers are part of one big family. Everybody supports and helps each other”. A staff member told us: “I love this job, it’s like a big family”.

From our observations we saw that staff spoke to people in a kind and caring manner. One person told us they were happy at the service. People appeared happy and relaxed in their home environment, and we saw them chatting and laughing with staff. One person became a little upset and we heard staff reassure the person in a calm and patient manner, redirecting them to an activity which helped them to calm down.

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 went to help the neighbours put the bins out and then came back and told the staff. Another person collected their own clothes and was supported to shower before going out. One person remained in their home alone when other people were out involved in activities.

This was their choice and staff told us they were able to use the phone and call for assistance if they needed it. We saw that they made themselves drinks and sat with their chosen hobby whilst everyone else went out.

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. We saw minutes of the meetings and what had been discussed. These included discussing the menus, feeling safe and planned activities. There were also individual monthly meetings with people and their key staff to discuss their care, aspirations and to set goals for their future.

Relatives and friends were free to visit people at any time. A relative told us: “I am welcome to call at my relative’s home at any time, no appointment needed”.

Everyone had their own private bedroom which they had a key to. We saw that some people had locked their rooms prior to going out for the day. People’s rooms had been decorated to their own individual tastes and reflected people’s preferences. The manager asked people if it was ok for us to have a look around their home before we did. This demonstrated respect for the privacy of people who used the service.

Is the service responsive?

Our findings

People received care that was personalised and met their individual preferences. One person had a communication passport which helped staff to understand what the person was trying to say. Staff told us how they used it to support the person to communicate when they needed something. The passport had come with the person on their admission and staff told us that it proved really useful in knowing what the person wanted especially when they were in pain.

Prior to admission a pre assessment was completed to gather all the relevant information from the person and people who knew them well to ensure that the person's needs could be met at the service. A member of staff told us that a person could visit and stop at the service prior to their admission to ensure they were happy and compatible to with other people who used the service.

People were involved in the reviews of their care. Care plans were in place based on people's likes, dislikes, family and interests. Other personal information was included to ensure that staff knew how to meet their health and wellbeing needs. Regular reviews took place to ensure that care plans remained current and relevant. A relative told us: "I'm invited to attend my relative's review where my comments and thoughts are listened to and respected".

People were supported by staff to engage in hobbies and interests of their choice. Some people attended college

and had work placements. Other people attended a community centre with other local people from the community. People participated in evening and weekend activities such as meals out, shows, cinema and other local events. Some people enjoyed using the internet and had their own social media account which staff had helped them set up. People's opportunities were based on their individual needs and preferences and we saw that everyone was engaged in a hobby or activity of their choice.

The manager told us and records confirmed that some people supported the manager to interview prospective new staff and that people's opinion was gained on each member of staff prior to the staff member's annual appraisal. They told us "It's more important to me to know what the people who use the service think about the staff, than what I think".

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. People were observed to have a good relationship with the manager and staff. One relative told us: "If I have any concerns my relatives care I can raise them with the manager and her team anytime. I have had concerns before and the manager dealt with it and I am very pleased with the outcome so far". There had been no recent complaints.

Is the service well-led?

Our findings

People who used the service were observed to be comfortable in the company of the registered manager. They approached them happily and chatted with them and the manager responded in a kind and professional manner. The manager demonstrated a passion for the people they cared for through their conversations and actions. A relative told us: "Overall, my relative has developed as a person since they moved to RMP Care and I can honestly say it was best decision I made about my relative's future".

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. One staff member told us: "If I got no response I would ring CQC".

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. The manager demonstrated a willingness to improve by acting on the concerns we raised at our feedback session prior to us leaving.

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 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.