

RMP Care Limited

# R M P Care - 20 Longton Road

## Inspection report

20 Longton Road  
Stone  
Staffordshire  
ST15 8DQ

Tel: 01785615505  
Website: [www.rmppcare.co.uk](http://www.rmppcare.co.uk)

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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.

20 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'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.

## 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?**

The service was very responsive.

People received outstanding care that was 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.

**Outstanding** 

### **Is the service well-led?**

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.

**Good** 

# R M P Care - 20 Longton 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 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 spoke with two people who used the service. We received information from two relative's and a health care professional. We spoke with one senior member 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.

One person who used the service told us they felt safe. They told us: "If someone was following me or bothering me I would ring the staff and if I'm going to be late I will ring the staff to let them know". A member of staff we spoke with told us they would report any allegations of abuse to the registered manager and the registered manager followed the local safeguarding procedures when allegations were reported to them. This meant that people were safeguarded from the risk of abuse as people and staff knew what to do if they suspected someone had been abused.

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 told us that prior to their admission into the service they had an unhealthy habit which was putting them at risk of harm. They told us that staff had supported them to break the habit and their quality of life was now better. Another person told us that staff supported them with their finances as they had been overdrawn. They told us that staff checked their money every week and helped them budget. The registered manager told us that this also ensured that this person was protected from any financial abuse as they were independently accessing the community and vulnerable to others in relation to their monies. This meant that lessons were learned following incidents that had put people at risk of harm and people were being supported to take risks through the effective use of risk assessments.

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 in the neighbouring service which they had reported to the public health. Staff at the service had followed the public health guidance and 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. Staff worked within current legislation and worked with other social care and health agencies to best meet the needs of people. The registered manager and staff demonstrated that they knew and worked within professional guidance to ensure positive outcomes for people.

Staff told us and we saw records that confirmed they received regular support and training to be able to fulfil their roles. One member of staff told us: "Because I work here means I can work at all as I have to have time off for health appointments and the managers support that". 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.

People we spoke with 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 supported to plan menus and cook foods from around the world at their request. Another person told us: "I cook the dinner for everyone on a Sunday with the staff".

Most people who required help were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. One person told us they made their own GP appointments. 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.

The service had been designed and decorated to meet the individual needs of people who used the service. The registered manager informed us that they had recently fitted an en-suite toilet into one person's room as they had been experiencing difficulties in using the toilet at night and this had been successful. Each person had their own room which had been decorated to their own personal style and liking.

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. We saw that one person had a Deprivation of Liberty Safeguards (DoLS) authorisation in place and referrals had previously been made for other people. We saw the process had been followed correctly. This meant that people were being protected from unlawful restrictions on their liberty.

## 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 am really pleased with the support I have". A relative told us: "It is brilliant care, so near to home life as possible". We saw a relative had recently recorded on a survey, 'RMP Care is giving [Person's name] a wonderful quality of life. Love and support is constant'. They also recorded 'The members of staff are always courteous and helpful'.

We observed that interactions between staff and people were based on a mutual respect for each other. A member of staff we spoke with told us: "It's more than just a job and people have to get to know you and trust you".

People who used the service had a say in how their service was run and about the care they received. There were regular house meetings and people were involved in all the decisions about their care. We saw minutes of these meeting and people had discussed the menu choices, how to keep safe and 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.

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 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.

People had their own rooms and a key if they wished to have one. People were able to come and go freely within their own home and spend time alone if they chose to. A member of staff told us: "I would only break a person's confidentiality if someone told me they were being abused". This showed that people's right to confidentiality and privacy was being respected.

## 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 registered manager and staff we spoke with showed an exemplary value base and it was obvious that people were at the centre of the service and their preferences were understood and respected by the staff supporting them. Staff were committed to supporting people to achieve their personal aspirations. People's care plans described their personal preferences, likes, dislikes and hopes for the future. We saw that these plans were regularly reviewed with people themselves to ensure they were relevant and reflective of people's current needs. Staff knew people well and knew their hopes and aspirations. People were being supported to live a full and active lifestyle with excellent outcomes.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. For example, one person was being supported towards a move into a more independent lifestyle in a supported living environment which would be set up and managed by the provider. Staff were working with other agencies to look into assisted technology to help the person remain safe and allow them to live independently. Staff were working creatively and working with the person to remove any obstacles to them achieving their aim of living independently. The person was being supported to develop their daily living skills in the home and we saw that this additional sense of responsibility gave the person an enhanced sense of wellbeing. This person had also had several unsuccessful work placements and RMP had created a paid job opportunity for them. The registered manager told us how the previous work placements had failed as the employers had not understood the person's needs and had not been able to adapt the role to meet their needs. In response to this RMP had adapted this person's formal paid work role by ensuring that it was achievable for them and the person told us that they were now able to remain in paid employment. This supported the person to work towards achieving their aim of living independently. We spoke with the person who was very proud of their achievements and was looking forward to moving on to live independently with the support from staff at RMP. Staff also told us that they considered this to be a true representation of the work undertaken to enable people to achieve their goals. This showed exemplary responsiveness of the provider to be able to adapt the person's support to meet their needs and achieve excellent outcomes for them. This had given this person the opportunity to experience an everyday lifestyle that they previously would not have been able to be involved in.

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. People were supported to be involved in hobbies and activities within the local community dependent on their individual preferences. A relative had recorded on a recent survey, '[Person's name had been accepted into the wider community of Stone]'. Some people had been supported to work, whilst others attended college or social activities, including swimming, shopping and eating out, to name but a few. No two people's care was the same and each person was treated as an individual.

People were enabled to have support and control of their own lives. 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. One person had specific needs in relation to their sexuality and staff had supported the person to be able to express their sexuality, so they felt comfortable in being themselves. This showed that this person's needs were respected and their diverse needs were being met.

One person had asked to complete a walk for charity through the night. A member of staff had supported the person to complete the walk and raise money for the Alzheimer's society. This gave the person a feeling of self worth and demonstrated how the service responded to individual requests to support people to have an enhanced sense of well-being.

Staff at the service worked with a range of other agencies to support people to live a fulfilled lifestyle as possible. We spoke with a health care professional who told us: "The staff have responded and changed the way they care for [Person's name]. We have put together with the person a positive behaviour support plan and this is working well. They have a much better quality of life than they had before in other services. The staff are consistent in their approach and this helps [Person's name] with their anxieties". We spoke with the person who confirmed that staff helped them live a more fulfilling lifestyle. This showed that staff knew people well and had an excellent understanding of people's needs and this was improving people's quality of life.

Staff at the service had managed to gain tickets to the filming of 'Children in Need'. 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 the person who was attending was 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 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 just say to the staff 'I need to talk to you'". 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. One person had been through bereavement and they told us how they had been supported by a bereavement counsellor which had been arranged by staff at the service. A health care professional confirmed that staff had supported one person with bereavement and to take flowers to their relative's grave. This showed that the service was responsive to people's individual needs.

## Is the service well-led?

### Our findings

At our previous inspection we found that the service was well led. 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. 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.