

RMP Care Limited

R M P Care - 49 Victor Street

Inspection report

49 Victor Street
Stone
Staffordshire
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 January 2018. At our previous inspection in February 2015 and rated the service as good. At this inspection we found that the provider was still delivering a good service with caring being outstanding.

49 Victor St provides accommodation and personal care for up to five people with a learning disability. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. 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 received an outstandingly caring service and were treated with dignity and respect. People 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 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 who used the service received a 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 opportunities in daily life.

People were cared for at the end of their life'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 remains 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.

Actions were taken to reduce people's risks 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 remains 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?

Outstanding ☆

The service was very caring.

People were treated with dignity and respect and were at the centre of the service.

Staff went above and beyond to support people and their relatives.

People's right to privacy was respected.

Is the service responsive?

Good ●

The service remains responsive.

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

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

People were supported at the end of their life and had an end of life plan in place.

Is the service well-led?

Good ●

The service remains 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 15 January 2018 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 three people who used the service and one relative. We spoke with one senior member of staff, a member of care staff, the registered manager and the deputy manager.

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 February 2016 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 were supported to stay safe and staff reduced the risk of harm to people through the effective use of risk assessments. One person who was at high risk of falling told us: "If I need help in the night I call my buzzer and staff will come and help me as I may fall". This person also had a wrist band which they could use if they fell unsupervised and this would alert staff by the telephone to them having fallen. This person had a walking frame and we observed staff walk with the person while they were mobilising. This showed that this person was being supported to remain safe as staff knew people's needs and followed their risk assessments.

People were protected from the risk of abuse as staff and the registered manager knew what to do if they suspected someone had potentially been abused. 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.

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. One person managed their own medication independently and we saw there was a risk assessment in place for this.

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. A member of staff told us how they used protective equipment such as gloves and laundry bags when dealing with bodily fluids. 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 staff member told us: "You get all the training you need and the managers are supportive". 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 were supported to maintain a healthy diet. One person had an eating disorder and staff knew how to support the person to eat and drink sufficient amounts to remain healthy. 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.

People were supported to remain healthy and had access to a range of health care professionals. One person had been seen by a physiotherapist and told us about the exercises they were required to do to improve their mobility. A member of staff told us: "The physio has been in to help us with [Person's name] and have given us advice to help them mobilise, I always say well done to [Person's name] and give lots of encouragement when they have done the exercises". One person told us that they had received a letter inviting them to 'bowel' screening and that staff were going to help them with the process. The registered manager and staff worked closely with other health agencies to ensure people's health care needs were met.

The service had been designed and decorated to meet the individual needs of people who used the service. We saw that staff had taken the shower doors of the shower and replaced it with a curtain as the doors were preventing one person from accessing the shower safely. Double hand rails had been fitted up the stairs for one person whose mobility meant they needed to hold onto both rails to safely go up and down the stairs. One person showed us that the staff had moved their bed to a place which meant they have more room to mobilise. 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 almost 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 (DoLS) 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 the process had been followed correctly and some people had a DoLS authorisation in place. This meant that people were being protected from unlawful restrictions on their liberty.

Is the service caring?

Our findings

Staff were extremely kind and caring. Staff put people who used the service at the centre of what they did. People who we spoke with and their relatives told us they were treated really well. A relative told us: "The service is crème de la crème as far as I'm concerned, they are more like friends than staff". We saw feedback from another relative from a recent survey and saw they had recorded, 'RMP rise above all else in their, care, patience and understanding to their clients. I cannot praise them highly enough and I don't think [Relative's name] has ever been happier nor had such a wonderful life'.

We found examples where the provider and staff had gone above and beyond providing 'good' care. One person who used the service had passed away and staff at the service and the registered manager told us: "[Person's name] friends whom they'd lived with for over 20 years were supported to visit and prepare for their friends final days. Staff members who were retired but were special to [Person's name] were informed and went to visit. I visited [Person's name] and had been requested by their relatives to be the next of kin to liaise with the hospital. [Person's name] only had one living relative and they felt that we would be the best people to support [Person's name] during this time due to our long standing relationships. The relative decided that we knew [Person's name] so well that they were confident and trusted us to understand and follow [Person's name's] wishes, down to their favourite music that we played for them in hospital. We continued to support [Person's name] whilst in hospital taking in favourite foods, drinks and cakes that they enjoyed. I stayed with [Person's name] through the night and was there to comfort and reassure them when they passed away. [Person's name] had not got enough money to pay for the funeral but we had discussed what their preferences were. We knew which church and that they would like to be buried with their relative. The plot had been bought by the relative prior to their death. The staff and RMP Care paid for the funeral as if we had not done so then the council would have performed a cremation which would have been against [Person's name] wishes". This showed exemplary compassion and kindness towards this person and their friends and relatives from RMP Care and the staff.

With the support of the provider staff chose to spend their own time and resources in enhancing people's quality of life. One staff member had set up the local community park group which some people who used the service volunteered at. The registered manager told us: "Without the support of [Staff's name] hard work there wouldn't be a park group. Local residents are in awe of our people and their work when visiting the park and are commenting on the Facebook page which is run and set up by [Staff's name] for the local community to be able to see the progress and comment".

We saw another example of where staff had totally redesigned the garden around one person's needs. The registered manager told us: "This meant that two staff who worked at the service went over and above to ensure that they dug out the existing slabs and did the groundwork to enable [Person's name] better access to the garden where they had put waist height planters. [Person's name] is now able to spend much more time outdoors with their sun hat on planting plants for the local community park group.

We saw that the kindness and caring attitude of staff and the registered manager was not only directed at people who used the service but their relatives as well. One person who used the service had an elderly

relative who had been unwell for a time. They had recorded on a recent survey, 'The provider and registered manager have been so good to me as well as my relative. I have been very ill and they visited me'. The registered manager told us how they had supported the relative with access to social services to ensure they would be safe and cared for and still able to see their relative. Another example of this was that the registered manager had supported another relative to access the benefits they were entitled to.

The registered manager told us about another person's relative who had been poorly over Christmas. They said: "[Person's name] relative became poorly just before Christmas and senior staff arranged the rota around supporting [Person's name] to enable them to visit their relative. [Person's name] had been planning to spend some time at their relatives over Christmas but due to them being poorly they felt unable to support [Person's name] with this. Two members of staff both offered their services to enable [Person's name] to visit to ensure that they did not miss out at the special time of year and the regular staff team made themselves available to work Christmas eve". These examples of caring for people important to those who used the service showed an exemplary and outstanding caring manner and approach to all people connected to the service.

People had built close yet professional 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 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's privacy was respected. People had their own bedrooms and some people had a key to their room if they chose to do so. One person told us: "I can go to my room when I like and have my own space but I like it in the lounge.

Is the service responsive?

Our findings

At our previous inspection we found that the service was responsive. At this inspection we found the service was still responsive to people's needs.

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 their current needs. Staff knew people well, for example, one person liked routine and often become upset or anxious if there was a change in the weather or any other changes to their planned day. Staff understood the importance of working flexibly with this person to decrease their anxiety and enhance their sense of wellbeing. The registered manager told us: "The service is constantly ensuring that we are able to be flexible around [Person's name] needs which require very flexible staffing arrangements and contingency plans for inclement weather. Without this [Person's name] would become extremely distressed and may cause harm to himself or others". Another person had a history of a breakdown in their day care placement. The provider had sourced a day care provider who they explained the person's issues to as previous placements weren't able to work in this way that suited the person. The registered manager told us: "There are weeks, where days need to change or the service needs to be flexible and the time afforded by staff means that this is successful for [Person's name] and their sense of achievement and self-esteem is phenomenal". The outcomes for these people were that they felt valued and empowered and there was an increase in their self-esteem.

People were being supported to live a full and active lifestyle. Staff used ways of involving people so that they felt consulted, empowered, listened to and valued. One person who had been recently admitted into the service was having difficulty in walking. The person had been seen by a physiotherapist and the registered manager had purchased a wheelchair for them. This meant that this person was able to go to the cinema for the first time in 20 years. Holidays for the other people who used the service had already been booked when this person was admitted into the service. The registered manager told us: "[Person's name] had not been on holiday for many years and even though holidays for people we support had been booked, staffed and arranged we made changes and provision to ensure [Person's name] didn't miss out. This included changing bookings that had already been made and altering staffing to make sure we could achieve this for [Person's name]. This showed that the service was responsive and able to meet people's needs.

The service provided a flexible and responsive approach to people's individual needs and preferences. We saw that staff found 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 member of staff had developed a group of volunteers from people who used this service and other of the provider's service to maintain the gardens at the local park. The local community have donated tools and equipment and had commented on the positive impact this was having on the local community. One person's contribution was to walk to the park and make tea for the volunteers, this person showed us their teapot and the registered manager told us how this had increased this person's self-esteem and mobility. The registered manager told us: "The senior member of staff for Victor St has worked tirelessly over the last

year to forge local community links with people whom we support and the local park. This is down to the hard work and dedication of [Senior's name] meaning that the people we support are truly valued members of society".

People were supported at the end of their life. One person who used the service had passed away. The registered manager told us that they had liaised with the palliative care team however the person had become too unwell to return home. They told us that they had supported the family in arranging the funeral and the wake as they knew the person's wishes and plans for their funeral and burial. We saw other people had 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.

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 [staff member's name] if I had any concerns. We saw there was a copy of the complaints procedure in an easy read pictorial form for people if they required it. A relative had recorded on a recent survey 'I would approach RMP staff first if I had any complaints and I doubt I would have to take it any further'. The registered manager told us there had been no complaints.

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.