

RMP Care Limited

# R M P Care - 20 Oulton Road

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 October 2017. At our previous inspection in November 2015 we found no concerns and the service was rated as good. At this inspection we found that the service was not consistently safe or well led and there was one breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

20 Oulton Road provides accommodation and personal care for up to five people with a learning disability. At the time of the inspection there were five people using the service.

There was a registered manager in post. 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 not always safeguarded from the risk of abuse as action was not always taken to report or investigate incidents of abuse. The systems the provider had in place to ensure that incidents of abuse were reported were not always effective.

There were sufficient numbers of staff available to support people.

Risks of harm were assessed and people were supported to remain safe and independent through the effective use of risk assessments.

People's medicines were stored and administered safely and staff received support and supervision to remain effective in their roles.

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.

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's support was delivered based on their individual assessed needs and preferences. There was a complaints procedure and people knew how and who to raise concerns with. The registered manager and providers were responsive to concerns and were liked and respected by the staff and relatives.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

People were not always kept safe from the risk of abuse and harm.

There were sufficient numbers of suitably recruited staff to keep people safe within the service.

People's risks were assessed and action taken to minimise the risks.

People's medication was stored and administered safely.

### Is the service effective?

**Good** 

The service was effective.

People were cared for by staff who were supported to fulfil their roles effectively.

The provider was following the principles of the MCA and ensuring that people's capacity to consent to their care was assessed.

People were able to eat and drink food and drink of their choice and were supported to remain healthy.

### Is the service caring?

**Good** 

The service was caring.

People were treated with dignity and respect.

People were encouraged to be as independent as they were able.

People's right to privacy was upheld.

### Is the service responsive?

Good 

The service as was responsive.

People's received support based on their individual needs and preferences.

People were supported to engage in hobbies and activities of their liking.

### Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The systems in place to monitor and improve the quality of the service were not always effective.

The registered manager was responsive and took action to improve when they were made aware of any concerns.

Staff and relatives respected the providers and registered manager.

# R M P Care - 20 Oulton Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 October 2017 and was unannounced. We also visited the offices of RMP Care Limited on the 2 November 2017 to look at records which were held securely. It 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 had not received any notifications from the provider about this service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm.

We spoke with one person who used the service and one relative. We spoke with three senior members of staff, the providers, the registered manager, deputy manager and a member of the care team.

We looked at two people's care records, one new staff recruitment file, 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 that the service was safe and rated this area as good. At this inspection we found that people were not always being safeguarded from the risk of abuse and there was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that an incident had occurred where one person who used the one of the provider's other services had physically assaulted a person who used the service. We also found that two people had a physical altercation within the service and these incidents had not been referred to the local safeguarding authority for further investigation. We could not see what action had been taken to ensure that the victims of the abuse were reassured and protected from further incidents. This meant that people were not being protected from the risk of potential abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported and encouraged to stay safe 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. A relative told us how their relative had been admitted from another of the provider's service due to a diagnosis of epilepsy as 20 Oulton road provided 24 hour staff support. We saw that people with epilepsy had clear and comprehensive care plans and risk assessments informing staff how to support them when they displayed signs of an epileptic seizure. People were supplied with epilepsy alarms and other assisted technology to aid them to remain independent whilst alerting staff to the person being unwell.

There were sufficient numbers of staff to meet the needs of people who used the service. Staffing levels were increased based on people's individual needs and on what activities people chose to be involved in within the community. Staff were available to support from the sister service which was located next to 20 Oulton road if needed. 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 checked to see that people's medicines were stored and administered safely. People's medicine was kept in a locked cabinet in their own rooms. 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.

# Is the service effective?

## Our findings

At our previous inspection we had no concerns in the effectiveness of the service. At this inspection there were still no concerns and this area remained good.

Staff we spoke with told us that they received regular support and supervision from their line manager. New staff had an induction and worked with more experienced staff. There was an on-going programme of training based on the needs of people who used the service. We observed staff and saw that they were competent in their roles.

People were supported to consent to their care. A relative we spoke with told us: "[Person's name] wouldn't do what they didn't want to do but staff always ask anyway". We saw that some people had signed their own care plans agreeing to the support they were receiving.

People's capacity to consent to their care and support at the service had been assessed through the principles of the Mental Capacity Act 2005 (MCA). The 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 had been assessed as having the capacity to agree to their care at the service, where others had not.

People who had been assessed as not having the mental capacity to agree to their care had been referred to the local authority for a deprivation of liberty safeguards assessment. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficient amounts to remain healthy. People were able to choose what they wished to eat and drink dependent on their individual preferences. Staff told us and showed us that people who used the service helped staff cook on a rota basis. The menus were put together based on what people wanted and liked to eat and this was regularly discussed at house meetings.

When people became unwell or their health needs changed, health care advice was sought in a timely manner. 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

At our previous inspection we had no concerns in how people were treated. At this inspection there were still no concerns and the area remained good.

A relative told us: "My relative has the best life here, better than they could have had at home". We observed that interactions between people who used the service were respectful and caring. People were offered choices and encouraged to be independent.

People all had their own personal bedroom which had been decorated to reflect their individual preferences. One person was in the process of having new bedroom furniture and they told us they were pleased. We saw that staff knocked on people's bedroom doors before entering. A member of staff told us: "I treat people how I would like to be treated, when I'm supporting people with personal care, I always shut the door and draw the blinds and try not to cause embarrassment for people".

People were encouraged to be as involved as they were able to be in the running of their home. A relative told us: "The staff are always on the phone to us keeping us up to date". Regular meetings took place for all people who used the service. We saw minutes of the meetings and what had been discussed. These included discussing the menus, feeling safe and planned activities. Monthly meetings with people and their key staff also took place to discuss their care, aspirations and to set goals for their future.

People were supported to maintain relationships with people who were important to them. Some people required support to contact or visit their friends and relatives and this was facilitated by staff when requested. People had access to a telephone on which they could ring their relatives at any time.



## Is the service responsive?

### Our findings

At our previous inspection we had no concerns about the responsiveness of the service. At this inspection we still had no concerns and this area remained good.

People's needs were assessed prior to admission into the service. We saw the provider's service user guide was available in a variety of languages for people who may have had specific cultural needs. People's needs were regularly assessed to ensure that the service was still appropriate. When people's needs changed staff at the service responded and sought advice from other agencies in how to support and offer care to people. We were told that no one using the service had specific cultural or religious needs; however we saw that people's care was delivered to meet their individual needs and preferences.

People, when able to were involved in the reviewing of their own care and had signed to agree their care plans. People's care plans and risk assessments were reflective of people's needs and described people's likes, dislikes and preferences. We saw that staff knew people's needs and communicated with them in a way in which they would understand.

People were supported to engage in hobbies and activities of their preference. Each person had an activity plan for the week which included working on a farm, gardening in the community and other organised group activities. Some people were independently accessing the community and one person had a job as a volunteer in a local shop. The staff sourced activities for people which would meet their individual needs.

The provider had a complaints procedure and we saw that this was available in a pictorial form for people with communication difficulties. A relative told us: "If I had any concerns I would speak to [registered manager]" People's feedback was also gained through the regular reviews of their care and the residents meetings that were held. There had been no complaints since our last inspection.

## Is the service well-led?

### Our findings

At our previous inspection we had no concerns in how the service was led. At this inspection we had concerns that the systems in place to ensure people were safe were not always effective.

We looked at people's daily records and saw that there had been two incidents of assault on people who used the service. However these incidents had not been reported to the registered manager so they could consider as to whether they needed to alert the local safeguarding for further investigation. This meant that the system for reporting potential abuse was not effective. Following the inspection the registered manager amended the provider's safeguarding policy and reinforced with all staff what they needed to do if they saw or suspected a person had been abused.

On two people's care records there was information which described other people's care needs. This was because some information had been copied. The care plan audits and regular care plan reviews had not identified that there were mistakes in the information. This meant that the information available to staff was not always correct and may lead to the incorrect care being delivered.

The senior staff conducted monthly internal audits in relation to the management of the home, such as medicines, fire and maintenance to ensure the homes were maintained and safe. Staff received regular support from the management team and the registered manager completed direct observations on staff's performance. Staff we spoke with told us they liked and respected the registered manager and the providers and that they were approachable and supportive.

The registered manager was responsive to our feedback and looked for ways to continually improve the quality of service for people who used the service. They worked with in partnership with other agencies to best meet all of people's assessed needs and preferences. People's feedback was regularly sought, this included relatives and professionals working with the staff to support people. We saw feedback was positive and that people were happy with the quality of service they received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not always protected from harm and abuse.