

RMP Care Limited

# R M P Care - 1 Alexandra Street

## Inspection report

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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 15 January 2018. At our previous inspection in February 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.

1 Alexandra St provides accommodation and personal care for up to six 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 six 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 have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 wanted 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 followed the correct procedures when they suspected abuse.

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

Action was 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?

Good ●

The service remains 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?

Outstanding 

The service was now very responsive.

People received care that was exceptionally 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.

### 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.

# R M P Care - 1 Alexandra Street

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 15 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 four people who used the service. 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 we had no concerns in the safety of the service. At this inspection we still had no concerns and people remained safe.

Two people who used the service told us that they felt safe. One person told us: "I would speak to the staff if I was worried". Another person who had previously used the services of RMP had been residing at another care provision. They had contacted the registered manager at RMP to help them as they were feeling low and vulnerable. The registered manager had sought help from other agencies and the person had transferred back to the care of RMP. This showed that this person felt safe in the care of RMP services.

Staff we spoke with knew what to do if they suspected a person had potentially been abused. A staff member told us: "I would report anything suspicious to the manager or direct to the local authority if I needed to". The registered manager had reported suspected abuse previously and knew the local safeguarding procedures. This meant that people were being protected from the risk of abuse.

Risks of harm to people were minimised through the effective use of comprehensive care plans. We saw one person's care plans for maintaining their own safety. The person at times had placed themselves in a vulnerable position by getting too close to people and invading their personal space. The care plan informed staff to remind the person of maintaining a safe distance especially with people they did not know. The senior member of staff told us: "We say one arm's length away for people they know and two arm's length for people they don't know". This meant that this person was being supported to maintain their own safety.

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.

Staff were available at all times through the day and night and extra staff were made available to support people with leisure activities. If required, staff were available at the neighbouring service across the road. 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. 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 there were sufficient numbers of staff who had been safely recruited to support people who used the service.

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 another of the provider's services 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 provided to them, such as the community learning disability team 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: "I have had supervision and observation from a senior member of staff and lots of training, it is on-going". 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 they discussed it in their regular meetings where they put menus together. On the day of the inspection people were talking about what they planned to have for their tea. One person said: "We are having hot dogs and onions tonight; we just need to get some finger rolls". Staff told us that they encouraged people to eat as healthily as possible but ultimately it was people's choice.

People were supported to remain healthy and where necessary supported to attend health care appointments. People had access to a range of health care professionals such as their doctor and consultants. When people became unwell we saw that action was taken to seek the appropriate medical advice.

The service was designed and had been decorated to meet the individual needs of people who used the service. Each person had their own room which had been decorated to their own personal style and liking. One person showed us their room and proudly showed us their new furniture which they had chosen and brought themselves with the support of staff.

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 is part of the MCA. 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: "The staff help me, they talk to me and they are kind". We observed that interactions between staff and people were based on a mutual respect for each other.

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 meetings 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 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. This showed that people's right to 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 excellent 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. For example, a member of staff had supported one person to become a town representative as they enjoyed going into the local community. The staff member had orchestrated and facilitated this person to attend town consultation meetings with borough councillors and other members of the local community. The staff member supported the person to have a say in the plans for the local community by acting as a advocate for the person. This showed that the staff were supporting this person to be a valued member of their community and this gave them a sense of pride. This person was also the treasurer for the day care facility that the provider ran. This entailed keeping any money safe and balancing the accounts with staff. This showed that this person was being empowered and trusted and gave them a sense of self worth.

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. One staff member told us: "We respect people's diverse needs, there are no institutionalised practises here, we enable people and we can help craft people's life".

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. One person had been supported to buy a 'google alexa' which is a piece of equipment which allows the person to be able to voice activate their choice of music and ask it questions. The person showed us how it worked and we saw that this had enabled the person to independently play their music as they wished. This demonstrated that staff used modern and innovative ideas to promote people's independence and enhance their well-being.

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. Each person spent their time being involved in activities that they chose to or had had been identified as being appropriate to their individual needs. Some people independently accessed the community and activities where other people required more support in choosing and attending activities that met their needs and preferences. For example, a senior member of staff told us how some people who used the service had become involved in the local food and drink festival. They had entered into the 'chilli' making and tasting competition at their local pub. This had involved making a chilli with staff support and taking it to the pub for the tasting session. We saw photographs of people tasting different

chilli's and voting for their favourite one. The senior staff member told us that although they had not won the competition, people had enjoyed the event and integrating into their local community.

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. Staff at the service worked with a range of other agencies to support people to live a fulfilled lifestyle as possible such as the community learning disability team and other day care providers to promote people's independence and community presence.

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 the [senior's name] if I had any problems". We saw that people had a copy of the complaints procedure in pictorial form in their bedrooms and living areas. 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.

## Is the service well-led?

### Our findings

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