RMP Care Limited

R M P Care - 21 Longton Road

Inspection report

21 Longton Road
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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 18 December 2015 and was unannounced. At our previous inspection in 2013 we found no concerns in the areas we looked at.

21 Longton Road provided accommodation and personal care for up to five people with a learning disability. Five people were using the service at the time of the inspection.

The registered manager supported us throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

People's medicines were managed safely. Risks to people were minimised to encourage and promote people's independence. Staff were clear how to support people to maintain their safety when they put themselves at risk.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people at the home, which was kept up to date.

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

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring and they told us that were well supported by the registered manager.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

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. There were sufficient numbers of suitably recruited staff to keep people safe
within the service. People were kept safe as staff and management reported suspected abuse.
Actions were taken to reduce people's risk whilst encouraging their independence. Medication was managed safely.

Is the service effective?

Good

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with
their representatives. Staff were supported and trained to be effective in their role.
People's nutritional needs were met. When people required support with their health care needs they received it in a timely manner.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion.
People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive. Care was personalised and delivered in accordance with people's preferences. People were offered opportunities to engage in community activities of their choice.
The complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good

The service was well led. Systems were in place to monitor the quality of the service and action was taken to make any required improvements.
There was a registered manager in post. Staff felt supported and valued by the management team.

R M P Care - 21 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 18 December 2015 and was unannounced. It was undertaken by one inspector.

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

We spoke with four people who used the service and observed their care. We spoke with one relative, three members of staff, the deputy manager and registered manager.

We looked at one person's care records with their consent. We looked at medication administration records.

We looked at the systems the provider had in place to monitor the quality of the service to see if they were effective.

Good

Is the service safe?

Our findings

Two people who used the service told us they felt safe. One person told us: "I would tell the staff if I wasn't safe". Another person said: "I would report the staff if they weren't very nice to me". A relative told us: "I have absolute faith in the staff to keep my relative safe". We found that people were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and who they should report it to if they suspected abuse had taken place. The manager had made safeguarding referrals to the local authority for further investigation in the past when an incident had occurred. This meant that the provider was following the correct procedure in ensuring people were kept safe from harm.

People were supported to take risks to promote their independence through the effective use of risk assessments. One person told us: "I go out when I like and come back when I like, I let the staff know if I'm going to be late so they don't worry". Risk assessments were in place for each person dependent on their needs and they were kept under constant review. The staff and registered manager worked closely with other agencies such as people's social workers and community nurses to ensure that people were kept as safe as possible through clear plans of action. This meant people's safety was constantly being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. Staff we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe.

People's medicines were stored and administered safely. Medication was kept in a locked cabinet. 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 told us: "My medicines are always on time and staff are helping me work towards taking my own medicines". Staff confirmed that they were supporting the person to become independent in taking their medicine by following a risk assessment.

Staff told us and we saw that there were currently enough staff to keep people safe in the service. A member of staff told us that an extra staff member worked on a Saturday between 2l and 20 Longton Road which was a neighbouring service run by the provider so people could participate in activities if they wished to. We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service.

Good

Is the service effective?

Our findings

People who used the service told us they liked the staff and that they supported them well. One person told us: "The staff look after us well". Another person said: "The staff are good they know what confidential and private means". Staff we spoke to told us they felt supported and received training to fulfil their role effectively. We saw there was an on-going programme of training specific to the needs of people who used the service. A relative told us: "They employ the right staff and train them well". Regular supervision and competency checks were undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery.

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 we spoke with 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 meeting are called 'Best Interest' meetings and are part of the guidelines within The MCA.

The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that no one had a DoLS authorisation as assessments and referrals had been made to the local authority and no one had been assessed as being restricted of their liberty.

People told us they chose what they wanted to eat and discussed it in their regular meetings where they put menu's together. Staff told us that they encouraged people to eat as healthy as possible but ultimately it was people's choice. People could help themselves to snacks and drinks when they liked.

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. When people became unwell we saw that action was taken to seek the appropriate medical advice. A relative told us that staff had sought support for their relative when they had become unwell. They told us: "I couldn't have done anymore or any better myself, they have supported my relative through some tricky times".

Good

Is the service caring?

Our findings

People were encouraged to be as independent as they were able to be and were free to come and go within their own home. Two people told us that sometimes the house was 'hectic' as other people came in from nearby homes managed by the provider. We observed that two other people from another nearby home let themselves in and made themselves at home in the kitchen and the lounge without knocking or asking permission. We discussed this with the registered manager and staff who told us they worked hard to discourage this on a daily basis. Immediate action was taken to remedy the situation and to put plans in place to prevent it from happening again.

Some people had their own keys to the house and came and went as they wished. People were also able to lock their own bedroom door for privacy. One person told us: "Staff know they have to knock our doors, it's the law, they know our rooms are private to us".

From our observations we saw that staff spoke to people in a kind and caring manner. People appeared happy and relaxed in their home environment, and we saw them chatting and laughing with staff. A member of staff told us: "I love working here, I enjoy helping people be independent". One person told us how they had enjoyed the recent Christmas party. They told us: "It was very swanky". The Registered manager told us that they didn't have separate staff Christmas parties but everyone went together and they had all recently enjoyed a meal at a nice restaurant which everyone who wanted to attended.

People were as involved as they were able to be in the running of their home. Regular meetings took place for all people who used the service. One person confirmed that there were regular meetings. We saw minutes of the meetings and what had been discussed. These included discussing the menus, feeling safe and planned activities. There were also individual monthly meetings with people and their key staff to discuss their care, aspirations and to set goals for their future. One person told us: "The staff always go through my care plan with me".

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings.

Good

Is the service responsive?

Our findings

People received care that was personalised and met their individual preferences. Care was regularly reviewed with people and their chosen representatives. One person told us: "I have meetings all the time and I know what's in my care plans". A relative told us: "I'm kept involved and informed of my relative's welfare".

People were encouraged to communicate their needs and their preferences. One person told us: "I have a communication passport which I use to help me tell people what I want, the speech and language therapist helped me put it together". Staff knew how people communicated and we saw that this person's chosen form of communication was encouraged.

People were treated as individuals and their choices were respected. People engaged in activities that they chose to do. One person had recently joined a gym in another town and went alone on the bus, they told us: "I have a job too, the staff helped me get it. I am working towards independence". Another person went to church and attended activities planned by Age UK. Other people attended a farm and a day centre. On the day of the inspection everyone who used the service was involved in an activity of their choice alone or with staff support and no two people were involved in the same activity. This meant that care was personalised to meet people's individual preferences,

Some people had requested to become more independent and live either independently or with less support. The Registered manager and staff supported people to work towards this by contacting the relevant authorities and putting plans in place to help people become more independent. This had been successful for people in the past. The Registered manager told us about a person who had now moved on, gotten married and started a family. They had recently visited to see everyone and was doing well living independently in the community.

The manager told us and records confirmed that some people supported the manager to interview prospective new staff and that people's opinion was gained on each member of staff prior to the staff member's annual appraisal. A member of staff told us: "People that live here are asked about what they think about us, it's important as we respect what they say".

A relative told us: "I have the manager's phone number and I would complain if I needed to". The provider had a complaints procedure. We saw that people, their family and representatives were reminded about the complaints procedure every twelve months through a questionnaire. People were observed to have a good relationship with the manager and staff. One person told us: "I would speak to [Registered managers name] if I had any concerns".

Good

Is the service well-led?

Our findings

People who used the service were observed to be happy and relaxed in the company of the registered manager. They approached them happily and chatted with them and the manager responded in a kind and professional manner. The manager demonstrated a passion for the people they cared for through their conversations and actions. They took immediate action when issues around people's privacy within their home were identified with them.

Staff we spoke with told us that they felt that the manager and seniors were supportive and approachable. Staff knew that the provider had a whistle blowing policy and they told us that they felt confident that if they used it they would be protected and it would be acted upon. One staff member told us: "If I had to whistle blow I know the manager would support me".

Regular meetings took place with people who used the service and staff. Records confirmed that people's views were sought at every opportunity. We saw records that confirmed that when people had requested items or any kind of action, there was a clear audit trail of what action had been taken. The manager told us that they sent out questionnaires to relatives and health and social care professionals to gain their views on the service. Information from the questionnaires was then analysed and action taken to improve if any areas of concern had been identified.

The manager kept themselves up to date with current legislation. They told us that they attended provider forums, CQC events and were a member of the Staffordshire and Stoke safeguarding partnership and always looked for new and innovative ways of providing care. The manager demonstrated a willingness to improve by acting on the concerns we raised at our feedback session prior to us leaving.

Systems were in place to monitor the quality of the service. Staff performance was regularly reviewed and staff training was kept up to date. People's health care needs were monitored and people's care was regularly reviewed with them. This meant that the provider was maintaining and looking to improve the quality of service provided.