

Mineral Cottage Residential Home Limited

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Inspection report

Mineral Cottage, 520 Whitehall Road
New Farnley
Leeds
West Yorkshire
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Tel: 01132293561

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14 December 2018

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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?

Requires Improvement ●

Summary of findings

Overall summary

Mineral Cottage is registered to provide care for six people with complex learning needs and is located in Leeds. It is accessible by public transport and is near local amenities.

At the time of our unannounced inspection on 14 December 2018, there were six people living in the service. 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.

There was a registered manager in place. 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.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's care and support was planned proactively in partnership with them. Staff used individual ways of involving people and people took a key role in the local community and had opportunity to access education and work. People were supported in a way that promoted an enhanced sense of well-being. They had facilities and support available to them to help them live as fulfilling a life as possible.

People had opportunities to take part in activities that reflected their interests and preferences. People told us how much they enjoyed living at Mineral Cottage Residential Home Limited, spending time with their family and being given opportunities to learn and to work.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. Staff were recruited in a safe way, although not all documentation was recorded as per the provider's policies. We made a recommendation around adapting the provider's policies to show the current process being used.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again.

People lived in a service or environment which was clean and hygienic and both people who self-medicated and those who did not, received their medicines safely and as prescribed. We made a recommendation

around monitoring the temperature of the medicines storage area.

People's needs had been assessed before they moved into the service to ensure staff could provide the support they required. Staff had the training and support they needed to carry out their roles effectively. All staff attended an induction when they started work and had access to ongoing training.

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 could make choices about the food they ate and were supported to maintain a healthy diet. People were supported to maintain good health and to obtain treatment when they needed it. Each person had a health action plan which detailed their health needs and the support they needed. Staff worked with external organisations and professionals to help provide the most effective care to people.

The home provided bright and spacious accommodation with access to outside space. People had been encouraged to choose the décor and were able to personalise their bedrooms.

Staff were kind, caring and compassionate. People had positive relationships with the staff who supported them and there was a homely, caring atmosphere in the home. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

There were appropriate procedures for managing complaints. Where complaints had been received by the service these had been responded to appropriately.

People, relatives and staff benefited from good leadership provided by the registered manager. Relatives said management was open and transparent and it was clear from our discussions that they had a drive to continuously improve the service people received. Staff said there was a strong team ethos and they received good support from their colleagues. Staff had established effective links with health and social care professionals to ensure people received the care they needed.

People who lived at the home, their relatives and other stakeholders had opportunities to give their views. The provider's quality monitoring systems were not always effective in ensuring people received good quality care and support. We made a recommendation around adapting the quality audit tool to identify what was being checked.

Further information is in the detailed findings below.

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 good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Requires Improvement ●

The service requires improvement.

The services quality assurance system was not robust.

There was a registered manager in place.

The service met its registration requirements.

Mineral Cottage Residential Home Limited

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 checked 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.

The inspection took place on 14 December 2018 and was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence, we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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 reviewed the PIR prior to our inspection. Prior to our inspection we contacted the local authority to gain their feedback about the service.

During the inspection we spoke with or spent time with three people who lived at the home, spoke with two members of staff and the registered manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We spoke with two family members during the inspection. We looked at three people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed. We also looked at health and safety checks and quality monitoring checks.

Is the service safe?

Our findings

People told us they felt safe at the home and when staff provided their support. One person nodded when we asked if they felt safe. Another said, "Yes."

People were protected by the provider's recruitment procedures. The provider's policy on recruitment stated applicants were to be sent an application form and interview to take place. We spoke with the registered manager about this as no application forms were on record. The registered manager told us they just requested a CV now and the policy needed updating. The registered manager and people told us interviews were completed by two qualified staff and someone who used the service however, these were not recorded.

We recommend the provider seeks guidance from a reputable source regarding effective recruitment practices.

People received the medicines they were prescribed. Medication Administration Records (MAR) were completed in full with no gaps. Some recordings were written in blue pen. We mentioned this to the registered manager who told us they would make sure all staff were aware to use black pen for official documents and records. We reviewed the medicines processes for medicines. Medicines were stored correctly and securely and MAR's showed people had received their medicines when they required them. However, the room where medicines were stored shared space with washing equipment and potentially the temperature could rise above safe storage temperatures.

We recommend the provider seeks guidance from a reputable source regarding the storage of medicines.

People were helped to stay safe from risk. Risk assessments had been carried out to keep people safe while supporting them in areas including activities, meal preparation and risks associated with accessing the community. A staff member said, "We review the risk assessments regularly, they help us make sure people are safe." On the day of our inspection it was cold and we saw staff encouraged one person to put on their jumper and a coat before they went out for the day.

Staff understood their roles in keeping people safe and we observed enough staff deployed effectively to keep people safe. A staff member told us, "We have missing person sheets ready in case someone goes missing." We saw safeguarding information was available for staff and accessible information was available to people if they needed it in a format they would understand.

There was a proactive approach to accidents and incidents and staff learnt from them. Accidents and incidents had been recorded, investigated and monitored for trends.

People were protected from the risk of infection as staff maintained appropriate standards of hygiene. The safety of the service was monitored and equipment was serviced. We saw certificates and service records evidencing checks completed at the service to keep people safe.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home. A member of staff told us, "Before people come to live here, we complete an assessment and sometimes they come to visit the service."

The service provided bright and well sized communal and private rooms as well as a garden for people to use.

Staff had access to the training and support they needed to carry out their roles. Records confirmed staff had completed training as well as the opportunity for staff to meet with their line manager to discuss all aspects of their work.

The service had introduced technology to alert staff of a potential problem. For example, one person had a pressure mat in place under their bed so it detected if pressure had been removed indicating the person may have fallen out of bed.

People who lack mental capacity to consent to care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). As part of the assessment of people's needs a mental capacity assessment was completed when required. These were completed in respect of day to day living or specific decisions that needed to be made. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. All the people who lived in the service had a DoLS in place or in the process of being completed due to different restrictions they had in place.

People told us they enjoyed the food and could make choices about what they ate. We observed people were asked what they wanted for breakfast. One person said they wanted toast and were encouraged to make it. Where people required specialist input this was arranged for them. For example, one person was at risk of choking and their care records directed staff to cut up their food for them.

People were supported to stay healthy and to obtain treatment when needed. People had input from healthcare professionals including the GP, chiropodist, optician and dentist. One person had a goal to maintain a healthy weight and staff had supported them to choose a balanced diet and attend a weight loss group. People had health action plans in place to monitor their ongoing medical needs. People also had 'hospital passports' in place. These were personalised documents to aid hospital staff how to best support and communicate to meet the persons needs and medical conditions quickly and effectively.

Is the service caring?

Our findings

People were happy with living at Mineral Cottage Residential Home Limited. One person smiled and nodded their head when we asked them if they enjoyed living in the service. Relatives reiterated what people had told us. One relative said, "The staff are kind and caring and they do their best but it can be busy at times." Another told us, "The staff know [person's name] inside out and know what they like."

Staff were equally happy with working in the service. A staff member told us, "We are a good team and know people very well so we can work with them better."

There was a warm, caring atmosphere in the home. People clearly had good relationships with staff and they appeared relaxed in their company. Staff knew people well and were able to describe people's individual characteristics. A staff member told us, "We obviously spend lots of time with people and so we build those relationships."

People were encouraged to make decisions about their care, express their views and maintain relationships close to them. We observed one member of staff ask a person if they wanted to get a Christmas present for their parents before they saw them. The registered manager told us they supported someone to have a closer relationship with their brother in another country. They did this by supporting the person to visit their family.

People's primary form of communication was recorded. Care records contained information about how to best communicate with people. For instance, one's person's care records directed staff not to raise their voice, speak slowly and clearly and not to use long words.

People's privacy, dignity and independence were respected. We observed before one person went out for the day, staff quietly asked the person if they wanted to go to the toilet before they left. One relative said they were confident their family members dignity was respected by all staff.

People had been encouraged to choose the décor and furnishings for their bedrooms and were able to personalise their rooms as they wished. We observed people's bedrooms were all individual in decoration and contained items and decoration that was important to each person.

Staff were familiar with the accessible information standard. People had access to information in a way that would help them to understand. In people's support plans and around the home there was information in pictorial format. There were pictorial signs being used to aid communication.

Is the service responsive?

Our findings

People were supported to live as full a life as possible. During our visit, one person helped with cooking and others went to a party with friends.

People had opportunities to participate in activities that met their individual needs. One person told us, "We have a Christmas party to go to. I love parties." We heard a second person say to staff, "I love Leeds united." Documentation showed this person went to watch their favourite football team. Staff had spent time with people to find out ideas of a 'Once in a lifetime' goal for people to achieve. For example, one person who struggled with their mobility said they wanted to go skiing. Staff supported this person and planned an activity where they achieved their goal.

People's care and support was planned in partnership with them. Staffing levels were flexible enabling people to receive care when they wanted it in the way they wanted it. This allowed people to take part in activities'. For example, some football matches later in the day could be attended by the flexible workforce being able to support them.

People received care that was personalised to their needs. Care records documented people's care needs and we observed people being supported with their day to day lives. Staff were actively supporting people to be involved and asking their thoughts on what was happening. This meant if people did not like how something was happening, staff could change how they were supporting them.

People's human rights and equality were respected by staff and staff understood people social needs. The registered manager told us relatives and friends were more than welcome to visit whenever as long as it was not unsociable hours. However, a social media group for people, families and staff, with all their permissions, had been created. We viewed the posts and saw this as a modern and easy way to share stories about experiences and achievements with everyone. Such examples included trips out, sky diving and success at slimming club. Care records documented peoples diverse and cultural needs and how to support people with this aspect of their life.

There were appropriate procedures for managing complaints and concerns. People told us they would know who to speak to if they had any concerns or worries. We saw a copy of the providers complaints policy and guidance on what action people could take in the service user guide, which was on display. At the time of inspection there had not been any complaints for over 12 months.

No one currently living at the service was receiving end of life care and as such care plans relating to this were not written up. Staff told us full family and advocate involvement would take place if someone was at that stage in their life.

Is the service well-led?

Our findings

There was a clear vision within the service to progress and staff told us they felt supported in their role. A staff member told us, "We are proud, we support people in a very personalised way." A second member of staff told us, "After a couple of staff changes, we have a great staff team now and are led from the front."

There was a drive by the registered manager to continue with the improvements to the service and embed and develop them further. Regular audits were completed and these highlighted some areas for improvement, such as broken pieces of equipment. However, the registered manager's monthly checklist contained very brief information and lacked the detail of what was being looked at. For example, the checklist for medicines said 'MAR sheets' but did not describe what was being checked. During our inspection of medicines, we found blue ink was often being used for recording and the temperature was not documented in the medicines storage room. The service did have a monthly environmental audit that gave sufficient detail to evidence what was being checked. The providers policy stated interviews of potential new staff should be recorded. We found no records of staff interviews.

We recommend the provider review its audit tools to identify the concerns we raised during inspection.

People were involved in the running of the service. We saw regular 'resident's' meetings where people were asked their opinion on possible changes. People decided about the decoration of the service and sat on interview panels for prospective new staff. Our observations showed staff asked people about what they wanted to do and shopping ideas for the service. The registered manager had an action plan to address anything raised.

Relatives felt the management of the service was good overall. One relative told us, "Things have improved." Another said, "We have the odd thing with communication but overall the manager deals with things well."

The service worked in partnership with external organisations. We saw meeting attendance with local authority contracts and learning disability provider forums to share good practice and experiences. The registered manager told us, "We are currently working with a local charity to support ponies as chosen by the people who live here. We have raised nearly £500."