

Mineral Cottage Residential Home Limited

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## Inspection report

Mineral Cottage, 520 Whitehall Road  
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Leeds  
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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 was an unannounced inspection carried out on 06 June 2016. At the last inspection in January 2015 we found the provider had a breach in one regulation associated with the Health and Social Care Act 2008. We concluded that appropriate arrangements were not fully in place in relation to the recording and administration of medicines.

We told the provider they needed to take action and we received a report setting out the action they would take to meet the regulations. At this inspection we found improvements had been made with regard to this breach.

Mineral Cottage is registered to provide accommodation and personal care for up to six people who have learning disabilities.

At the time of this inspection the home had a registered manager. A registered manager is a person who has a 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 had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risk was well managed and were the least restrictive for people. There were enough staff to keep people safe.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People's needs were met by staff who had the right skills, competencies and knowledge. Systems were in place to support staff to do their job well formal supervisions were in place. However appraisals had not been completed by the service. The registered manager had an action plan in place with all staff to be completed this year. Staff confirmed this and this was evidenced throughout the inspection.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People told us they were happy living at the home and enjoyed the company of staff and others they lived with. People were supported to make decisions and received consistent, person centred care and support. They received good support that ensured their health care needs were met.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe

quality care.

## 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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

### Is the service effective?

Good ●

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

### Is the service caring?

Good ●

The service was caring

People had detailed, individualised support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

### Is the service responsive?

Good ●

The service was responsive

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had good access to activities in the community and their home. They were also supported to maintain family contact.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

# 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 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 06 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience with experience in mental health. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were six people living at the home. During our visit we spoke and spent time with the people in the home, spoke with the registered manager and the senior member of staff. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at six people's support plans. We spoke on the phone to three relatives of the people who use the service and three members of staff.

Before the inspection, the provider was sent 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 all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority. We were not made aware of any concerns by the local authority.

# Is the service safe?

## Our findings

At our last inspection of the service in January 2015 we found the service was not fully meeting the legal requirements relating to: appropriate arrangements were not fully in place in relation to the recording and administration of medicines. This is a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection in June 2016 we found the provider had followed the action plan they had written to meet shortfalls.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and we found stocks of people's medicines were correct when checked against records. During the inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the medication administration records (MAR) for all the people who used the service and no gaps in recording were seen which showed they had been given correctly.

People who used the service said they felt safe and well looked after. One person said "Yes I am happy." A relative told us; "Yes [Name of person] is fine here she is never left alone, any problems and they are right on the ball."

We saw positive interactions with staff and the people who use the service throughout our visit and people who used the service were happy and comfortable with the staff. There was a good rapport between people who used the service and the staff. Staff said they treated people who used the service well, and that any untoward practices would not be tolerated and reported straight away. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were procedures in place in relation to safeguarding, to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example, accessing the garden as the door was open throughout the inspection so people were free to go out as and when they wanted. The risk assessments were also linked to care plans and activity involved in care delivery such as bathing or showering. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced. The service had recently had an external fire risk inspection.

Through our observations and discussions with the registered manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. We saw rotas were worked flexibly to meet the needs of people who used the service. The service did not use any agency staff at the time of our inspection.

People who used the service said they were enough staff available to them. A relative of a person who used the service said there was always enough staff even though there was only one staff member on a night they told us this was never a problem. A relative of a person told us, "They are always out somewhere doing all sorts of activities."

We looked at the recruitment records for two staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.



# Is the service effective?

## Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person was given the option of going out for lunch. The person changed their mind several times before getting their coat on to go out. The staff were observed being patient with the person during this time.

We saw people were asked for their consent before any support was given. People were given time to consider options and staff understood the ways in which people indicated their consent.

The Mental Capacity Act (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

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person was subject to DoLS. A further four applications were in process.

Staff we spoke with were able to give us an overview of the MCA and how they assisted and encouraged people to make choices and decisions. For example, choice of clothes and meals and what activities they would like to participate in. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, this was applied for someone in relation to their medication.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and psychiatrists. Staff were aware of the systems in place for people to be reassessed should their needs change.

People who used the service or their relatives said staff were prompt in seeking medical assistance for them or their family member. A relative said, "They are very good they had arranged for [Name of person] to see a dietician. The staff keep us informed."

People had support plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded.

Staff told us that menus were put together based on the known likes and dislikes of people who used the service. They said they regularly reviewed people's choices and preferences through monthly meetings with people. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit some people who used the service chose to eat their lunch out in the community. People were encouraged to participate in cooking for the home.

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am happy with the training." The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, mental capacity and autism. The home used a competency check after each training to ensure staff met the required level to pass. This was documented in the staff files we looked at.

Staff said they received one to one supervision. Staff said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support now to enable them to carry out their role well. Comments we received included: "The manager is great I feel supported in my role." "We are kept informed and involved in everything going on at the home." The registered manager told us they had just recently commenced appraisals with staff. This was evidenced in the staff files on the day of inspection.

## Is the service caring?

### Our findings

A relative of a person who used the service told us, "I feel they treat [Name of person] like a normal person, they don't talk down to her." All the people we spoke with said they liked the staff who supported them.

Our observations showed that people who used the service had a very good rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care.

We saw people were comfortable in the presence of staff and staff treated people kindly, having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to people's needs and spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff. The staff answered people's questions and requests politely and patiently; giving explanations and information to assist people's understanding.

Staff we spoke with said people received good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names. Throughout our inspection, we saw staff respected people's privacy and dignity.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word, smiley and sad faces to show if people were happy or sad and the pictures to enable them to make choices.

People who used the service and their relatives were involved in developing and reviewing care plans. People who used the service were asked what they had enjoyed each month, what they would like to do for the coming month, any purchases they wanted to make and where there any changes needed to be made to the support they received. We saw documentary evidence of these meetings. A relative told us they felt fully involved in all aspects of their family member's life and confirmed care plans were discussed with them and that they were invited to review meetings.

## Is the service responsive?

### Our findings

People had their needs assessed before they moved into the home. This ensured the provider was able to meet the needs of people they were planning to admit to the home. We looked at an assessments completed for two people who used the service. Records showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were arranged to make sure all people who used the service were compatible and gave opportunity for people to get to know each other.

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the support plans for six people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; trips out into the community, pottery, walking clubs, going to cinema, gardening, going to the rugby. Some people regular attended a community based day centre. We also saw there was a high degree of emphasis on encouraging independence and participation in daily activity in the service. For example people completing their own washing, cooking and cleaning.

People who used the service were encouraged and supported to keep in contact with family and friends. The relatives we spoke with said they felt welcome to visit their family member at any time and were warmly received whenever they visited.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any complaints. The complaints policy was in a format accessible to people who used the service.

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised any concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. One member of staff told us, "I would not hesitate if I needed to complain, I would go straight to my manager."

There was a complaints file in the service with all information and documents available should any complaints be made. All complaints were recorded and responded to appropriately. A relative we spoke with said they had no concerns or complaints but would feel comfortable and confident to speak with any of the staff and raise concerns if they needed to. They said they had been given a copy of the complaints

procedure.

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post at the home.

Our discussions with people who lived at the home and observations during our inspection showed there was a positive culture and atmosphere in the home, and staff were familiar with the people's needs and interests. One staff member said, "My manager is lovely I can talk to her about anything." Another staff member told us, "I feel supported we all do. We are all encouraged to speak up if we have any issues or concerns." A relative told us, "One of the residents needs a lot of looking after, the staff have to spend a lot of time with [Name of person] but it doesn't affect how they look after others."

Staff meetings took place every three months. The meetings included discussions around care plans, safeguarding and activities. Staff told us they felt these were valuable to the continuous learning and also to discuss the care and support needs of people in the home.

Resident meetings were held in the home and took place every month. We looked at the minutes of the last two meetings, these included discussions about activities, meals and the overall service.

People who used the service, their relatives and outside professionals were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2016. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. One professional told us, "I am very impressed with the level of care given, very high standard of care given in homely surroundings."

Staff also completed questionnaires about the service on what the service did well and what could be improved. Staff said the communication; team work and building very good relationships with the people who use the service and their families were what they felt they did well. Staff felt more group activities could improve. This was on the agenda to be discussed at the next staff meeting.

We saw the provider had a quality assurance system in place which consisted of audits and required completion on a weekly, monthly and annual basis by the senior and registered manager. This included audit of accidents, falls, complaints monitoring, medication, care plans, satisfaction surveys, CQC/safeguarding notifications and a dependency tool. The home had maintenance checks in place and at the time of the inspection these were all up to date and evidenced throughout the maintenance file. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified.

