

Mineral Cottage Residential Home Limited

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Inspection report

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Leeds
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Date of inspection visit: 19 January 2015
Date of publication: 24/03/2015

Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This was an unannounced inspection carried out on the 19 January 2015. At the last inspection in August 2013 we found the provider met the regulations we looked at.

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

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 told us they felt safe and didn't have any concerns about the care they received. However, there was a risk to

Summary of findings

people's safety because medicines were not always managed consistently and safely. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risk was well managed and people also had the most freedom possible. There were enough staff to keep people safe.

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 although formal supervisions and appraisals were not always carried out as often as agreed.

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.

We found the home was in breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not managed safely. Staff sometimes failed to follow the prescribers' direction fully and people were not given their medicines correctly.

People told us they felt safe. Information was displayed in the home to help people understand how to be safe.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

Requires Improvement



Is the service effective?

The service was effective in meeting people's needs.

People's needs were met by staff who had the right skills, competencies and knowledge.

People had plenty to eat and enjoyed the food.

People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Good



Is the service caring?

The service was caring.

Everyone who lived at the home told us they were happy with the care they received. All the staff we spoke with were confident people received good care.

Staff knew people's preferences, abilities and skills. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

Good



Is the service responsive?

The service was caring.

Everyone who lived at the home told us they were happy with the care they received. All the staff we spoke with were confident people received good care.

Good



Summary of findings

Staff knew people's preferences, abilities and skills. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

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

People living at the home and relevant others were asked for their opinions and views about the service.

Good



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 19 January 2015 and was unannounced.

At the time of our inspection there were six people living at the home. During our visit we spoke with everyone who was living at the home, four members of staff and the

registered manager. We spent some time observing care and interactions to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's support plans.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Medicines were not always managed consistently and safely. There were a number of gaps on the medication administration records (MARs) even though the prescriber's instruction stated the medicine should have been administered.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers, laxatives and medicines for anxiety that needed to be given with regard to the individual needs and preferences of the person. We found there was not enough information to guide staff as to how to give people their medicines. One person was prescribed tablets and gel to help manage pain but there was no information available for staff to follow to enable them to support people to take and apply these medicines correctly and consistently. Staff had sometimes applied gel and at other times administered tablets but it was not clear why staff had selected to administer the medicine type.

Another person was prescribed pain relief 'up to four times a day' but the MARs showed staff were administering the medicine three times every day. There was no information to guide staff as to when to give the person their medicines.

We looked at medication stock and found it was not possible to account for all medicines, as staff had not always accurately recorded when medicines had been administered. We looked at the stock of one person's medicines for managing constipation but the amount of medicines that had been signed for on the MARs did not correspond with the number of tablets in stock. Another person's medicines stock for the treatment of behaviour did not correspond with the number of medicines that had been signed for on the MARs.

We concluded that appropriate arrangements were not fully in place in relation to the recording and administration of medicines. It is important this information is recorded to ensure people were given their medicines safely and consistently at all times. This is a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were protected against potential abuse. People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "We have meetings with the staff and talk about safety round here and when we're out as well." Information was displayed in the home

to help people understand how to be safe. The registered manager told us they had no on-going safeguarding cases. We saw previous referrals to the local authority had been appropriately made and in a timely manner.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding vulnerable adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Systems were in place to manage risk so people felt safe and also had the most freedom possible.

Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included going out, bathing and sitting in the garden. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Records showed a fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency. One person who lived at the home said, "At house meetings we talk about going outside when the fire alarm goes off."

There were several environmental risk assessments carried out, for example, contact with hot surfaces, use of wheelchairs and kitchen safety. The registered manager told us a recent health and safety report in October 2014 had identified some windows did not have restrictors fitted. This was addressed immediately and recorded as completed within the action plan of the report.

There were enough competent staff on duty to keep people safe. People we spoke with said there were enough staff to support them and keep them safe and we observed this on

Is the service safe?

the day of our inspection. One person living at the home said, “I go out with staff when I want to go, there is always someone to go with me.” Another person said, “There are usually enough staff.”

The registered manager discussed the staffing arrangements and said the staffing ratios and skill mix were appropriate. The registered manager told us staffing levels were assessed and adjusted accordingly. They said where there was a shortfall, for example when staff were absent existing staff worked additional hours. They said this ensured there was continuity of care. The staff we spoke with also told us there were enough staff to meet people’s needs. The staff duty rotas showed sufficient staff were on shift at all times.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records. We also saw a contract of employment for each staff member. This helped ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. Staff we spoke with told us they received good support from the manager and colleagues. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well.

We looked at staff training records which showed staff had completed a range of training sessions. These included moving and handling, medication, mental health awareness and de-escalation techniques. We saw staff also completed specific training which helped support people living at the home which included epilepsy awareness. The registered manager told us they checked the training matrix on a monthly basis and identified what training had been completed and what still needed to be completed.

The registered manager told us an induction programme was completed by all new members of staff on commencement of their employment. This included a provider and a Leeds City Council induction programme. We looked at staff files and were able to see information relating to the completion of induction. We saw one person's new starter induction booklet had a range of questions that the new member of staff needed to complete. These included fire procedures, accidents and incidents, policies and procedures, risk assessments, medication and menus. The registered manager told us they discussed the answers with the member of staff to assess the level of knowledge, understanding and if further training was required. One member of staff told us they had completed their induction and this had included training and meetings with the manager.

When we looked in staff files we were able to see evidence that each member of staff had received supervision, however, this was not on a regular basis. One member of staff's file showed they had received supervision in July 2014 and the next meeting was due in October 2014. The registered manager told us the October 2014 supervision meeting had been missed. Another staff member's file showed they had received supervision in November 2014 only. We saw a supervision meeting agreement that stated 'supervision meetings should be at least on a quarterly basis'. The registered manager told us she worked directly with the staff team and often spent time with individual members of staff but did not record these sessions as a

formal supervision. They agreed to ensure all staff received supervision in line with the agreement. We saw staff had not received an annual appraisal but the registered manager told us they had just started these.

People were asked to give their consent to their care and support. One person said, "I had a review with my family and we talked about what I wanted to do. I can make my own decisions."

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training. The training matrix confirmed this.

Support plans contained some information about decision making and where people needed support. For example, one person's support plan stated they chose their own clothes on a morning. However, it was not always clear which decisions people could or could not make. The registered manager agreed to review these sections of the support plans.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us they had submitted DoLS applications to the local authority for people who lived at the home following guidance received from the local authority and were waiting for an assessor to visit. People's mental capacity should be assessed before an application is submitted, however, we found assessments had not been completed. The registered manager told us they would formally assess people's mental capacity to make specific decisions, reassess the DoLS applications and meet the DoLS assessor to obtain further advice.

People told us the quality of food and menus were good. They said they always had plenty to eat and drink. One person said, "The food is nice. Over the weekend we talk about what we want to eat. Another person said, "The staff are good at cooking and we help." Another person said, "The food is alright." Staff told us people had balanced and varied diets. A member of staff told us everyone living at the

Is the service effective?

home had a meeting at the weekend to talk about what food supplies they needed for the week ahead. They said people sometimes helped with the food shopping. Another member of staff told us everyone's food preferences were taken into account when menus were planned.

People experienced positive outcomes regarding their health. People had health action plans (HAPs) which identified their health care needs and showed these were kept under review. Where appropriate health professionals were consulted. The HAPs contained details of health

issues, health appointments and weight management. We saw people attended regular health care appointments such as GPs, chiropodists, psychologists, dentists and opticians. One person we spoke with said, "I sometimes go to the dentist." People had hospital passports which contained 'must know' information about the person in the event of a hospital admission.

Members of staff told us people's healthcare needs were carefully monitored so they could make appropriate referrals when people's needs changed.

Is the service caring?

Our findings

We spoke with everyone who lived at the home and they told us they were happy with the care they received. One person said, "I like it here. Everyone is happy here." Another person said, "We have very nice staff. They help us with bathing and try and help us all the time." One person said, "It's alright living here." People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

We observed people enjoying the company of staff and others they lived with. People were having fun and engaging in different activities. We saw staff were caring when they provided assistance and demonstrated a kind and compassionate approach. People chatted to staff and decided what they wanted to do. For example, one person initially decided they wanted to go out for lunch, then decided to stay in and then changed their mind again. Staff supported the person by giving them clear options. When people arrived home after day time activities they chose what they wanted to do. One person told us they always liked to sit and watch their favourite TV programme in the

lounge. Another person said they always spent time in their room on an evening. There was a good balance between giving people their own space and making sure they were comfortable and happy.

All the staff we spoke with were confident people received good care. A member of staff said, "It's a really nice place. It's homely and people love living here." Another member of staff told us, "Care is good."

Staff knew people's preferences, abilities, skills and showed respect. Staff described how they supported people to make sure their individual needs were met. Staff talked about spending time with people and how they enabled people to be independent. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence. One member of staff said, "When I am helping with personal care I close the bedroom door and leave the bathroom for a few minutes when required."

We observed there was information to help keep people informed which was displayed in the home; this included easy read leaflets and booklets.

Is the service responsive?

Our findings

People received consistent, person centred care and support. People's care and support needs were assessed and plans identified how care should be delivered. Each person had a range of assessments and support plans including a social needs assessment, a communication plan, and preferred morning and evening routines. The assessments and plans covered important areas such as personal care, social and emotional care, links with friend, family and the community and finances. Support plans were generally comprehensive. For example, one person's communication section stated that they were able to communicate their needs to support staff and voice any concerns or issues. We observed the person clearly communicating their needs to staff.

Although we found good information was provided some detail that related to supporting a person with behaviours that challenge was not comprehensive. There was insufficient information to guide staff and when staff had recorded incidents these were brief and it was not possible to establish the sequence of events. This meant people's welfare might not be properly monitored and care delivery might be inconsistent. The registered manager agreed to expand this section of the care and support plan and ensure where incidents occur sufficient information is recorded so people are protected against the risk of inappropriate care.

People attended care reviews where they decided and agreed what they would like to learn, what they do well

now and what help they would like from staff. They invited others to attend which included family members. At one person's recent review they had stated they were happy and settled at Mineral Cottage.

People enjoyed a range of person centred activities. There was opportunity for people to be involved in a range of activities within the home and we saw evidence of connections with the local and wider community. On the day of our inspection everyone spent some time in the community. This included day care activities, shopping and meals out. We saw other activities included board games, nights out, museum visits and bowling.

One person we spoke with told us they enjoyed going to watch football. They said they had a party for their birthday and were going to the theatre to watch a show. Another person said they spent time visiting family and loved shopping. We saw from the daily records they did both activities on a frequent basis.

People told us they would talk to staff or the manager if they had any concerns. One person said, "If you want to talk to them about anything they will listen." We saw the complaints policy was displayed in the home and this was in a pictorial format. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The registered manager told us there were no ongoing complaints.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the home and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Our discussions with people who lived at the home and our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.

The registered manager told us a 'resident and family survey' had been conducted in January 2014. The results of the survey showed people were happy with the service; the majority of responses were positive with 'at all times' or 'most of the time' responses. The registered manager told us the information from the surveys were used to improve the service. For example, in one survey, a person who used the service had suggested that a birthday list was added to the home's quarterly newsletter. We looked at the home's newsletter for Autumn 2014 and saw a birthday list had been included. The registered manager told us another survey was due to be sent out to residents and family members before the end of January 2015.

Staff spoke positively about the registered manager and were happy working at the home. One member of staff said, "The home is well managed. I have always had a lot of support from the manager and they are always on the end of a phone." Another member of staff said, "We have regular staff and a knowledgeable manager. It's a great service."

There was a manager's monthly checklist which included medication, finances, accidents and incidents, complaints and the environment. Records included where an issue had been identified; the action to be taken and the person responsible for completing the task and when it should be completed. We saw an independent consultant's health and safety report for October 2014 which identified actions where areas of the home required improvement. We saw the recommended improvement had been carried and completed.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. The registered manager confirmed there had been no identifiable trends or patterns in the last 12 months.

People who used the service told us they held 'House meetings' where they discussed their home and talked about things they wanted to do. They said they talked about what they liked about the home, anything they wanted to change and how to stay safe. We saw the meeting minutes for October 2014 which included discussions about good things that had happened, not so good things, staff support, menus, outing and activities and any furniture items that maybe required.

Staff meetings were held which gave opportunities for staff to contribute to the running of the home. The staff meeting minutes for October 2014 showed discussions included cleaning, support plans, medication, rotas, sickness and safeguarding. The registered manager said the staff and house meetings should be held monthly but they did not always achieve this. Staff told us communication was good. They said they discussed important topics at daily staff handover meetings which ensured people got continuity of care throughout the day.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users and others against the risks associated with unsafe use and management of medicines.</p>