

New Leaf Supported Living Limited

# New Leaf Supported Living Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

New Leaf Supported Living Ltd is a service that provides personal care to people with a learning disability and/or autism. They were supporting two people across two single occupancy households at the time of this inspection.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received care which was focused around their needs and preferences by staff and managers who were dedicated to improve people's lives and help them reach their potential.

The provider's values and vision of delivering care was positive. Their aim to maximise people's choices and control of their lives was embedded in staff practices. This was confirmed by people's relatives who complimented the approach of managers and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were aware of their responsibility of raising and reporting safeguarding concerns and knew how to whistle-blow. All incidents and concerns were investigated by the registered manager and shared with relevant professionals and people's relatives. Any recommendations to prevent further incidents were shared with staff and appropriate adjustments were made to reduce the risk to people.

The provider had ensured that people had experienced a smooth transition into the service. People were supported to carry out activities of their choice and maintain contact with their families.

Suitable numbers of trained staff were employed to support people which meant that they were supported by a consistent staff team who knew them well. Staff told us they felt supported in their role and trained to meet people's needs. Safe recruitment practices were used to ensure people were supported by staff who were of good character.

The provider maintained a good oversight of the service through observations of staff practices and quality monitoring. Further development of the provider's record keeping was needed across the service to

demonstrate that the actions the managers had taken such as exploration of staff backgrounds during the recruitment processes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us in January 2021 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# New Leaf Supported Living Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 11 January 2022. We visited the office location on 11 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We were unable to speak to people who were supported by the service due to the risks relating to COVID-19 and people's well-being; therefore, we spoke with their relatives about their experience of the care provided.

We received feedback from three staff members and spoke with registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and a range of governance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's families told us staff supported their relative to remain safe. They explained that the consistency of the same staff supporting their relative gave them additional assurances around the quality of people's care. Relatives said they would observe changes in people's emotions which may indicate concerns about their safety and happiness.
- Staff had been trained in safeguarding and were aware of their role to report any suspicions of abuse and to report any concerns they have about quality of care. A summary of the providers safeguarding procedures were made available in people's care plans for staff to follow.
- The registered manager was aware of their responsibilities to report any allegation of abuse or concerns to external safeguarding agencies and to notify CQC.

Assessing risk, safety monitoring and management

- People's needs and risks associated with living in their own accommodation and being supported by a supported living service had been assessed. Staff and managers worked in partnership with other agencies and people's families to ensure they fully understood the management of people's risks, their preferences and support needs.
- Risk management plans were in place which reflected people's support needs. Guidance was in place for staff on the control measures in place to support the safe management of people's personal risks, such as the management of people's seizures.
- Staff had been trained in the management of people's emotions and behaviours which may challenge themselves or others. Care plans described the triggers for people's anxieties and how staff should support people to help reassure them and de-escalate any heightened emotions.
- The managers promoted a positive risk-taking approach to support people to explore new opportunities and activities.
- People were supported to manage their tenancies and work with their families to ensure their home was safe.

Staffing and recruitment

- The provider was passionate about ensuring that staff with the right values and approach were employed.
- The staffing levels were determined by people's needs. People were supported by an established staff team who knew them well. The registered manager had ensured sufficient staff were recruited which prevented the requirement of using agency staff who may not know people well.
- Safe recruitment practices were being used including employment, criminal and health checks. This protected people from staff that may not be fit and safe to support them. The provider told us they knew the

current staff team prior to being employed by New Leaf Supported Living Ltd and therefore were aware of the characters and approach of staff. However, the registered manager would benefit from documenting their decisions to employ staff when there was limited information about the applicant. This would demonstrate their assessment of the character of staff employed to carry out the regulated activity.

#### Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used.
- Staff had completed training in the administration of medicines and administration of recovery type medicines such as those used during a seizure.

Staff medicines practices were assessed and observed by managers. Training and staff records supported these processes. Staff confirmed they had been trained in the safe administration of medicines.

- Medicines care plans were in place to guide staff. Medicine administration records [MARs] were completed and monitored by the registered manager. We checked a sample of MARS and found there were no unexplained recording gaps.
- The registered manager was aware of the principles of stopping over medication of people with a learning disability and autism with psychotropic medicines (STOMP). They also regularly reviewed the use of 'as required' medicines to ensure these were used as a last resort in the management of people's behaviours and people were not overly medicated.

#### Preventing and controlling infection

- People were protected from the spread of infection. Staff had been trained in safe infection control practices and had access to current guidance and personal protective equipment (PPE) to help keep people safe.
- We were assured that the provider was implementing and monitoring COVID-19 testing for staff and safe infection control practices.
- Relatives and staff raised no concerns about infection control practices. Relatives explained how people were supported during the pandemic to remain safe and in contact with their families.

#### Learning lessons when things go wrong

- Accidents or incidents were reported and recorded by staff. The registered manager reviewed and analysed all reported incidents to identify any causes or triggers.
- Actions were taken as required and information shared with staff to help reduce the risk of repeated incidents.
- The provider was aware of their responsibilities under the duty of candour. Relatives told us they were informed of any incidents and actions taken to help prevent further incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment with potential people who required support, which included their relatives and key health care professionals. This enabled the provider to consider whether the service could holistically meet their needs in a supported living environment. This process informed people's care plans which described their desired outcomes and provided staff with guidance on how to effectively support them.
- The diversity needs of people were considered as part of this initial assessment such as people's religious preferences. The provider acknowledged that they need to expand and consider all the protected characteristics (as defined by the Equality Act 2010) as part of their assessment. This would help to ensure staff were able to support people to meet their individual diversity needs and protect them from discrimination.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained in their role. The provider had ensured all staff had received mandatory training and given opportunities to professionally develop and achieve additional training.
- Relatives said they were confident in the skills of the staff and told us they felt staff had the right approach and awareness of supporting people with a learning disability or autism.
- Staff told us they felt trained and supported to carry out their role.
- Recorded evidence and the views of staff supported this. One staff member said, "I feel well trained and supported by my managers and the management team at large. Always ready and available to help in time of need."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs had been assessed and regularly reviewed. Where people had risks associated with their eating and drinking there was clear guidance in their care plans for staff to follow. For one person more information on foods they should avoid would help staff better understand the person's range of dietary restrictions.
- People were supported to plan and shop for their meals in line with their dietary requirements, food preferences and their individual wishes in being involved in food shopping and meal preparation.
- People were encouraged to have a healthy diet. Meal plans were developed based on people's known preferences and dietary requirements. They were provided with home cooked foods and offered alternative meals if requested or supported to go out for meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Effective and creative systems had been used to ensure the transition of people moving into the service was seamless with limited impact on them during the pandemic.
- People were supported to make and attend healthcare appointments to maintain their health and well-being. The registered manager and staff worked collaboratively with external health professionals to improve the quality of life for people and to ensure they were supported to live a healthier life.
- Each person was supported to attend routine health care appointments such as the dentist and attend an annual health check. Health action plans and hospital passports were in place for each person. These identified the communication needs as well as the outcome and recommendations of people's appointment to help maintain their health effectively.
- The registered manager provided examples of how they had supported people and worked in conjunction with people's families and professionals when considering COVID-19 vaccinations.
- The registered manager stated that they had formed good links with external health care professionals which enabled them to quickly request support as needed. The registered manager had recognised the importance of maintaining a consistent health and social care network around each person to help reduce any unnecessary stress for people. For example, they had liaised with people's key professionals and GP to ensure they continued to be supported by familiar professionals, even though they had moved into a new postcode and which would trigger changes in the health service provision.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- From our conversations with the registered manager and people's relatives, we found the principles of the MCA were embedded in staff practices. For example, there was a consistent approach by staff when engaging with people, when offering them choice and respecting their decisions.
- Mental capacity assessments had been completed. More detailed records of the provider assessment and the outcome of their assessment of specific decisions, would help demonstrate that people were assessed and supported in line with the MCA principles.
- The provider promoted a practice that avoided the need to use physical restraint. Records showed staff had been trained in positive behaviour support which was reflected in people's behavioural care plans.
- Applications had been made to the local authority to refer to the Court of Protection for authorisation of people's deprivation of liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives told us staff were kind and caring and sensitive to people needs. Relatives told us their loved ones appeared more relaxed amongst New Leaf Supported Living Ltd staff compared with previous placements.
- One relative felt this was due to the ethos and values of the managers which had influenced approach and attitude of staff. They told us people's unique and diverse needs were always respected by staff without judgement.
- Relatives explained how staff and managers had supported people to transition to their new home despite the difficulties of moving people with complex needs during the pandemic and COVID-19 restrictions. One relative described the staffs' approach during this tentative period of change and said "They [staff] performed extremely well" and complimented the management.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people in the way they chose to be supported. Staff knew people well and knew the preferences of people who could not always communicate their needs.
- Relatives told us staff were extremely caring and exceptional in ensuring people's views and wishes were heard and acted. They provided example of how this enabled people to continue with their own personal interest such as visiting community activities and groups.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted a service which treated people with respect and dignity.
- Promoting people's independence was encouraged by the managers and staff at all times. This enabled people to experience new opportunities and live fulfilled lives.
- Staff supported people to attend activities which reflected their interests and maintain contact with their families and attend family events. During the pandemic, the registered manager produced a series of journals of each person to share information and photographs about people's day and activities with their families and key stakeholders.
- The registered manager provided examples of how staff had supported people at their own pace to explore new activities and increase their confidence in becoming more active in their local community. For example, staff had supported one person to overcome their fear of venturing out of their home, which had resulted in them becoming isolated. With support, they were now enjoying an active and inclusive life and had been away on holiday with staff. We were shown a video and photographs of them thoroughly enjoying their time away on holiday.
- People were encouraged and supported to participate in household tasks such as keeping their home

tidy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised support that was tailored to their needs from staff who knew them well. The ethos of service ensured people were given maximum choice about day to day decisions and that their needs and wishes always remained at the centre of the care being provided.
- Staff had invested time to ensure people were being supported to engage in meaningful activities and relationships of their choice. They were supporting people to be reintroduced to previously enjoyed activities prior to the COVID-19 pandemic such as trampolining and day trips.
- Staff had access to detailed care plans which described how to support people with their personal care, social and emotional needs. Through training and support, staff had a good understanding of how to support people who may have behaviours that could challenge themselves and others.
- People were supported in an individual way that met their needs to transfer into the service and to minimise the impact of living in a new home.
- The provider had formed links with a housing agency to enable suitable housing to be identified to meet people's needs. The provider consulted with people's relatives and professionals when considering the location and type of housing to ensure the accommodation met their needs and in line with supported living guidance.
- People were supported to make choices about the décor of their new home. Staff and people's relatives helped people to maintain their tenancies and report any maintenance issues. One relative said, "It's great, [name] is now proud of their home".

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, assessed and recorded such as using smaller sentences or the use of sign language. This helped staff to understand how to communicate with people effectively.

### Improving care quality in response to complaints or concerns

- The provider had not received any complaints since their registration with CQC. The registered manager was able to describe their complaints processes which was in line with the provider's complaints policy.
- People's relatives confirmed that the managers of the service were approachable and immediately dealt

with any day to day concerns or issues.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection.
- The registered manager recognised that this was a sensitive subject to have conversations about with people and their relatives who would help them make decisions about their end of life care if required. The registered manager acknowledged this was an area that needed further development to ensure people's end of life care wishes and preferences were known by key people and safe systems would be in place to support them.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear strategy and vision of providing good quality care which was prompted and supported by their values of promoting independence, inclusion and choice to the people that they supported. The registered manager explained they aimed to provide a positive network of staff around each person and to form strong links with their families and key stakeholders.
- The previous employment and experience of the registered manager and nominated individual of supporting people with a learning disability or autism had influenced their core values when registering and developing the registered service. They explained the challenges of developing a service during the COVID-19 pandemic.
- The registered manager was able to provide examples of how they had slowly supported people at their own pace to explore new opportunities with the aim to reach their personal potential and levels of independence
- Relatives and staff were confident in the management of the service. One staff member said, "Yes, they are fantastic managers; if we need information or have concerns, they will usually listen to us and help us where possible."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities to be open and honest when things went wrong and to communicate with people, their families and seek advice from health care professionals when events or incidents had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and nominated individual were able to effectively monitor the service as they were very involved in people's care and staff development and support. Both carried out regular checks on people's well-being and their care and medicine records. Systems were in place to monitor the training and development of staff
- The provider was aware of the need to expand their quality monitoring systems to effectively monitor and record their quality assurance processes as the service develops and expands. They acknowledged the need to enhance their record keeping to help demonstrate any actions or decisions taken.
- Staff had access to a range of policies and guidance to support them in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had recently sent out satisfaction surveys to people's families and key stakeholders. They were waiting for the submission deadline date to expire to enable the managers to fully analyse the responses and make any changes to drive improvement.
- The registered manager explained how they were considering different communication methods to capture people's real time experience about the service they received from New Leaf supported Living Ltd.
- Both relatives and staff told us the communication and engagement across the service was good. One staff member said, "At New leaf, we have very good communications techniques, from the management to the staff".

Continuous learning and improving care; Working in partnership with others

- The managers consistently reviewed the service and any incidents and made changes to improve the quality of care to people. The managers were passionate in driving improvement and developing the service. They consistently work collaboratively with people, relatives and professionals to review the service being provided and make informed changes as needed.
- The provider had considered any risks to the service and had a business contingency plan in place to help manage any emergencies which may impact on the service.