

LEAF Complex Care Limited

# Leaf Complex Care

## 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

Leaf Complex Care is a community-based service providing a rapid response support service to people with learning disabilities, autism, brain acquired injury and or mental health. They supported people in their own homes or with transitions from a hospital to a community setting. The service was registered to provide personal care. They were supporting twelve people of which five were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do we also consider any wider social care provided. At the time of the inspection five people were receiving support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by a small team of staff that knew them well. Staff knew what to do if they were concerned about the safety of the person or an allegation of abuse had been made. Staff were trained, supervised and supported in their roles. This included supporting people with learning disabilities, mental health and positive behaviour support.

People's needs were assessed, and a package of care was put in place to help them in a crisis. This was done working closely with commissioners and health and social care professionals. Feedback was good about the care and support that was in place for people. Although it was noted that improvements were needed to keep professionals better informed. This was being addressed by the senior management team. Additional office staff and a new manager had been employed to help with improving the communication.

People had a care plan in place that described the support they needed. This was kept under review as they got to know the person. There were plans to implement an electronic care plan system so that office staff could access information in real time. Care plans could be more person centred but it was clear that staff knew the person they were supporting and what they liked and did not like.

People were supported to maintain relationships with family and friends and take part in activities of their choosing. Staff supported people to attend health care appointments where needed. The support people needed with medicines and eating, and drinking was assessed and a care plan in place giving staff guidance on to help the person. Other professionals were involved in the care and support of people. Staff followed

their guidance and advice.

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. Restraint was only used as a last resort and positive behaviour plans and the consistent approach of staff had seen a reduction of restraint where before it had used frequently by other providers. The registered manager had won an award for their commitment to reduce the use of restrictive practices.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager was keen to continually improve and develop the service. Systems were in place to monitor quality and performance and actions were taken when shortfalls were identified.

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 on 25 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration for the service.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leaf Complex Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Good ●

# Leaf Complex Care

## 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

Two inspectors carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the service was supporting 12 people, five people were receiving support with personal care.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this and ensure there was a member of staff available to assist in the inspection process.

Inspection activity started on 6 February 2020 and ended on 12 February 2020. We visited the office location on 11 February 2020.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We sought feedback from the local authority and health and social care professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We spoke and visited one person who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service.

#### After the inspection

We spoke with two relatives about their experience of the service.

# 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

- Relatives said they were confident in the service to keep their loved ones safe. A relative said the staff communicated well with them. They had confidence staff would report any concerns not only to the family but also to the registered manager.
- The person we visited clearly was comfortable with the staff and appeared relaxed and happy in their company.
- Staff had a good knowledge of safeguarding processes and were trained in safeguarding adults and children. Staff knew what to do if they had concerns and how to report them.
  - There were systems to ensure any allegations of abuse were recorded and properly reported, with clear investigations being conducted and action taken, as appropriate. Leaf Complex Care worked with different local authorities. The staff were aware that they had to report to the local authority where the allegation of abuse had taken place. This was not clear in the service user guide as it only referred to Bristol Safeguarding. Some people lived in other counties.
- Where concerns had been raised, the registered manager had reported these to the relevant local authority where required and had acted to address any further risks. This included working with other professionals involved in the person's care.

Assessing risk, safety monitoring and management

- Risk assessments were in place to promote and protect people's safety in a positive way. These included finances, information on specific medical conditions, behaviours that may challenge and life skills. These could have been better linked with people's care plan. This was discussed with the registered manager and the staff responsible for completing these. The risks were mitigated as people were supported by small teams and staff knew people well.
- Staff we spoke with were aware of the importance of keeping people safe and knew what to do should they be concerned about someone's safety. For example, one person's home had been made safer due to their behaviours that challenge.
- Staff understood how to implement people's positive behaviour plans which meant they could support people to avoid things which may trigger behaviours that may challenge. They actively worked with people to prevent anxiety.
- A relative spoke positively about how the staff worked closely with their loved one providing them with reassurance and consistent support. They said other providers had used restraint on a regular basis however, this had dramatically reduced and now was rare when staff from Leaf Complex Care were supporting where before it was daily.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable adults.
- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- Relatives confirmed staffing was sufficient to keep their loved one safe and provide the support that was needed. They always knew the name of the staff supporting and changes were communicated promptly.
- People were supported by staff that were known to them. Each person had a small team of staff depending on the hours of support and the number of staff they needed. Staff worked block periods to ensure continuity.
- At the time of the inspection there were 12 employed care staff in addition to the office staff. Other staff were employed using the provider's nurse agency to cover any absences or provide initial support at the time of a new referral. All staff had been vetted and trained in supporting people with mental health and learning disabilities.
- The turn-over of staff was low and continuity of care was promoted. Relatives told us that usually the same staff members supported, and visits were rarely missed. One relative told us there had been a few occasions when they could not provide familiar care staff. They said on these rare occasions they preferred to cancel and get support from the family. They said this enabled them also to accrue some hours which offered them some flexibility.

#### Using medicines safely

- A relative confirmed staff supported their loved one with their medicines safely and always discussed with them any concerns and completed the appropriate paperwork that was required.
- Risks relating to medicines were assessed by the registered manager and office staff to ensure the arrangements were suitably managed for each person. The support people needed was clearly recorded in their plan of care.
- Only staff trained in the safe administration of medicines and who had been assessed as competent, helped people with their medicines.

#### Preventing and controlling infection

- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people.
- Staff had received training in preventing and controlling infection including safe food hygiene.

#### Learning lessons when things go wrong

- When an incident occurred, this was documented and reviewed. For example, when an incident occurred relating to behaviours that may challenge this was reviewed by the staff and the registered manager. Advice was sought from specialists to help with the management of behaviours to ensure they were effective.
- The registered manager had introduced a new tracker for each person to monitor behaviours that may challenge, epilepsy, accidents and incidents for each person over a four week period. This enabled them to monitor for any trends.

# 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

- People's care needs were assessed prior to them receiving a service. This meant care staff had a good level of information about people's needs at the point they started to support them. On occasions staff had worked alongside staff from the previous provider to enable them to get to know a person.
- The service used positive behaviour support principles to support people in the least restrictive way. The registered manager had won an award for their approach in significantly reducing the use of restraint. A relative confirmed that prior to Leaf Complex Care their relative was being restrained regularly and now it was never used.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction that included shadowing more experienced staff, ongoing training and formal competency checks. A relative said, new staff were only introduced after working with staff that knew their loved one well.
- Staff completed training regularly to ensure they were kept up to date. There was a range of topics that were covered including health and safety, food hygiene, first aid, safeguarding adults and children and infection control. In addition, staff completed training on supporting people with a learning disability, autism, mental health and epilepsy. Bespoke training was organised by health and social care professionals involved in the person's care.
- Staff received training on supporting people who may challenge. This was a recognised and an accredited qualification that was updated yearly. There were three trainers that had been accredited so the training could be delivered promptly and refreshed when needed.
- Staff told us they felt well supported in their roles. From conversations with staff it was evident there was good support and communication in place not only within their own teams but with the senior management team based at the main office. A relative told us the staff were good at communicating between each other even though they did not meet up to support their son.
- There was a system to ensure staff received the support they needed. This included formal supervisions, spot checks, telephone contact and team meetings. Because of the geographical distance team meetings and supervisions were usually done over the telephone.
- Some health and social care professionals felt that the support mechanisms for staff could improve in respect of offering debriefing sessions after an incident. Staff said they felt supported and could contact the registered manager and office staff when needed. Good practice would be to offer this formally so that staff could also reflect on their own practice.

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

- People's needs in respect of eating and drinking were identified within their care plans. This included their likes and dislikes and the support they needed with food preparation, eating and drinking. One person had an allergy to a certain food although this was in the care plan it would have been beneficial to include in the person's one-page profile for easy access for staff.
- Staff received training in food safety. They also worked with speech and language therapists and dietitians to ensure any risks around eating were minimised such as choking.
- A relative confirmed staff supported their young person to eat well. However, they said that often food would be consumed later in the day which meant the person did not want their evening meal. They said this had been discussed with the staff and adjustments were being made. This showed that staff listened and worked with families and were respectful of the routines of the family.

Staff working with other agencies to provide consistent, effective, timely care

- Feedback from professionals was positive about how the staff supported people. However, there was a common theme that written communication could be improved. For example, providing them with information about incidents and weekly updates. The registered manager was aware of these concerns and was addressing these by introducing a new electronic recording system which would mean information could be accessed remotely from the main office. Additional staff had been employed in the office to help with timely communication.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend health care appointments to ensure their health care was maintained and promoted. The support people needed was clearly recorded within their care plan and where required best interest meetings were held to agree the treatment required involving health and social care professionals.
- A relative confirmed that support was in place to help with attending routine dental and GP appointments when needed.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed and the registered manager was liaising with the placing authority to ensure Court of Protection applications had been made, as deemed necessary.
- Staff had a good understanding of the MCA and supported people to be involved in their care.

# 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 were at the heart of the service and the provider's values were fully understood and applied by staff in their day to day support of people. Staff were motivated and committed to providing care that was tailored to the person.
- Staff had built trusting relationships with people they cared for and their relatives. Feedback from professionals was very positive on the approach the care staff had with people. A health professional said, 'Staff are caring. The young man is always clean and nicely dressed. Staff have a lovely manner with him' and 'The young man seems to enjoy being in their (staff) company'.
- Relatives spoke positively about the staff. A relative said, "X (name of person) sees the staff as their friends and looks forward to their visits" and another said, "Happy with the staff really good communication between the care staff that support X (name of person)".
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their religion, disability, gender or sexual orientation.
- Staff had a clear understanding of people's needs including possible triggers of behaviours that may be seen as challenging. Staff awareness and positive support had led to a reduction in these behaviours. Relatives confirmed staff knew their loved ones well. It was evident there was a proactive and person-centred culture in supporting individuals.

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

- People and their relatives were fully involved in the planning of the care, recruitment of individual care staff and in reviews of their care. A relative described how potential new staff had worked alongside regular staff so they could meet the family. It was evident this enabled the person and their family to have a say on whether the new staff continued to support them.
- Staff used technology to help communication with a person. The person had a tablet that had activities, photos, pictures and symbols which enabled them to choose how they spent their time and make daily choices. This included photographs of staff, so they could choose who accompanied them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted. We observed a person being encouraged to make choices about how they wanted to spend their time. They were encouraged to take their plate to the kitchen when they finished and collect their coat when they went out.
- Staff described how they enabled and supported a person to have privacy when they needed it. For example, moving to another part of the person's home when the person indicated they wanted to be on their own which they did by closing the door.

- People's care plans included what they could do for themselves and where they needed support.
- A professional shared with us that some staff were taking photographs on their private mobile phone of people when out and about. The service user guide clearly explained that this was not acceptable. This was feedback to the senior management team to investigate.

# 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

- People had a care plan describing the support they needed. We were told these were kept under review and updated as they got to know people. We found these could be more personalised to include people's daily routines and personal preferences. The risks were mitigated because people were supported by a core group of staff that knew the person well.
- A relative also felt that the information could be more personalised. They said they were planning to meet with staff to discuss.
- The service was very responsive to people's needs. A relative said because of the support from Leaf Complex Care it had enabled their loved one to remain at home and continue to attend full time education. Another relative said, "It has been a lifeline for us as a family enabling us to continue to live as a family".
- A professional commended the service on their prompt support within hours of their referral, putting in a team of staff to support a person who was in crisis meaning the person was not detained. They said, 'Leaf support workers were very knowledgeable regarding managing challenging behaviour, medication and epilepsy. They also supported the family'.
- A relative said the service was flexible and responsive to their needs. They gave us examples where changes to the hours provided had enabled them to spend time with siblings and other family members at short notice.
- A relative said the office staff were very responsive in respect of ensuring the right staff match. They said, "It's not the skills of the staff but sometimes down to individual personalities and who X (name of person) prefers".

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 were understood and met. People's support plans detailed their communication needs and provided guidance on how people communicated effectively. For example, using key words, pictures, written words, symbols and gestures.
- One person had an electronic tablet to communicate their choices. Staff were clearly familiar with this piece of technology and it really helped to enhance communication with the person.
- Feedback from a health professional commended the staff on how they had got to know a person and their 'unique communication'.
- The provider had recently employed a member of staff who had experience of this type of service to

complete some work gaining the views of people. Part of their role was to look at whether policies and procedures such as the complaints and safeguarding policy was accessible to people. The registered manager was aware that this was an area needing improvement to ensure information was accessible and available to people who used the service and their relatives.

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 were supported with activities in their home or the local community. They were supported to keep in touch with family and friends.
- A relative had praised the staff in supporting their loved one to have a short break holiday. They said this had been very successful and was planning another one in the Spring.
- One young person was being supported by staff enabling them to continue to stay in full time education. A relative told us the staff that were supporting had helped and worked in partnership with the school to facilitate learning.
- A health professional said, "Discussion concerning occupational and activity issues have been well-received, and staff have appeared keen to engage with me".

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, which provided information to enable people or representatives to raise concerns if they were not satisfied with the service being provided.
- There was a log maintained of complaints received and what action had been taken to address these. A relative said, Leaf Complex Care had been very responsive when introducing new staff, and where there had been issues these had been addressed promptly.
- There had been two formal complaints made and these were being addressed. One of these related to communication with professionals.

# 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 registered manager and the staff were passionate about providing very person-centred support to people. They provided a prompt service when people were in crisis enabling them to continue to live at home with family or in their own home supported by a consistent team.
- Relatives spoke positively about the management of the service and the contact they had from the office. A relative said, "If I cannot get hold of X. I can always contact X (registered manager)"
- Leaf Complex Care promoted a positive culture where staff and people could thrive and reach their full potential. The provider had internal processes to recognise and reward staff practice. Staff spoke positively about their working conditions.
- Staff had won awards for going the extra mile such as working regularly at short notice covering shifts to ensure people had the support they needed. The registered manager had won an award for outstanding manager. Vouchers were given to all staff at Christmas in gratitude of their work and their commitment to the company.

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 and the senior management team were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- The registered manager worked in partnership with professionals when things had gone wrong. Although no harm came to a person a risk assessment was not followed. Clear guidance had been given to staff to ensure any further risks were minimised with learning taking from the event. The registered manager had been open and honest and reported this to the Care Quality Commission.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. A new system had been introduced in December 2019 to enable the registered manager to review for any themes.

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

- Systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager, senior management team and staff. This included medication audits, spot checks, supervision with staff and the reviewing of incidents and accidents.
- The registered manager was aware of the improvements that were needed. This included improving the

care documentation, daily records and the reporting of incidents. New systems were being put in place such as an electronic care plan and monitoring system.

- The office was situated in Bristol which was some distance from the people they were supporting. As staff worked remotely they were introducing an electronic system which would enable them to monitor staff whereabouts. Staff would be expected to log in to confirm they were working prior to starting their shift and when they arrived. This would ensure visits were not missed.

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

- The management team and care staff understood the importance of working with family members who may be the main carers for people. Relatives said they were consulted and involved in care reviews. A member of office staff was responsible for regularly engaging with families both face to face and via the telephone.
- People and their relatives views were sought through an annual survey. Feedback received was positive in respect of the support that was in place for people.
- Regular team meetings were held in the office. Staff were able to participate over the telephone if they were unable to attend due to either working remotely or not living close to the Bristol Office. Care staff confirmed they were supported in their role and had regular contact from the management team.

Continuous learning and improving care and working in partnership with others

- The service had been in operation for the last twelve months. A review of the management structure had led to an increase in staffing in the main office, which was helping to improve communication with professionals, people, relatives and staff.
- The registered manager was taking on the role of operations director and a new manager had been appointed who was in the process of registering with the Care Quality Commission. A health professional said, "The new manager is clearly working hard to improve some of the issues". This was around communication and providing regular reports to professionals.
- The registered manager had engaged with an external consultancy company to help on a monthly basis with completing mock inspections and developing actions plans to improve the service.
- Feedback from professionals was positive about the support that people received and the caring approach of staff. However, some concerns were raised about the lack of documentation such as a weekly report and difficulties in contacting the office and the staff working with people. ● The registered manager and the new manager were aware and was addressing these. For example, they now had a secure email to share information with professionals and staffing in the office had increased to improve communication with lead roles being clearly defined.