

LEAF Complex Care Limited

Leaf Complex Care South East

Inspection report

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Date of inspection visit:
05 September 2023

Date of publication:
28 September 2023

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 South East is a domiciliary care agency. The service delivers personal care to people living with learning disabilities and autistic people. At the time of the inspection, 3 people were using the service.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support:

People who used the service were supported by caring staff to exercise their choices and remain as independent as possible. The staff worked in a person-centred way, knew people's individual needs and how to meet these. Relatives told us their family members were happy and had meaningful and fulfilling lives. 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.

The staff and managers focused on people's strengths to help ensure they could meet the needs of all the people, regardless of how complex these were. The registered manager involved people and their representatives in the planning of their care and support and care plans were based on the individual according to their choices and wishes. People were supported to pursue their interests and achieve aspirations and goals. People took part in a range of social activities of their choice.

Staff supported people with de-escalation techniques when they became anxious or agitated, which prevented them from restraining people. People received their medicines safely and as prescribed.

Right Care:

The staff provided kind and compassionate care and relatives told us their family members were respected, valued and happy. Staff protected and respected people's privacy and dignity. People's individual wishes and needs were met by staff who were well trained and supported, and put people's needs at the centre of everything they did.

Staff received training in safeguarding adults and understood how to protect people from poor care and abuse. People were supported to improve their skills and learn new ones. The registered manager and care

workers had worked with each person to understand their individual needs, and how to improve their lives and give them the best opportunities. This had resulted in a marked improvement in people's quality of life.

Right Culture:

Relatives and staff told us the culture of the service was good. The registered manager and staff worked with people to empower them to lead happy and meaningful lives. Staff told us they enjoyed their work and felt appreciated. This meant people received good quality care and support.

The management supported staff to receive regular training so they could understand best practice in relation to the range of needs people with a learning disability and/or autistic people may have. This meant people received compassionate care that was tailored to their needs. Staff were happy working at the service and enjoyed their jobs, so turnover was low. This resulted in people being supported by regular staff who knew them well.

There were regular and effective monitoring systems in place and prompt action was taken when concerns were identified. Relatives knew how to complain and were happy with the service. They told us when they had to raise any concern, it was dealt with promptly and appropriately.

Rating at last inspection

This service was registered with us on 3 September 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about ineffective management and staff continuity. A decision was made for us to inspect and examine those risks.

We found no evidence people were at risk of harm from these concerns.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Leaf Complex Care South East

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

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

Inspection activity started on 5 September 2023 and ended on 9 September 2023. We visited the office location on 5 September.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection and sought feedback from local authority commissioners and health and social care professionals.

During the inspection

We spoke with 1 relative, the registered manager, the administrator and the care coordinator. We viewed 3 care plans, 3 staff files in relation to recruitment, induction and supervision records, training records, policies and procedures and a variety of records relating to the management of the service. Following the inspection, we spoke with 3 more relatives, and received feedback from 4 members of support staff. We also requested and received a range of documents which we reviewed.

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 of 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 were protected from the risk of abuse. Relatives we spoke with thought their family members were safe and well looked after. One relative told us, "They look after my [family member]. I can trust them. They prioritise [family member] and [their] needs."
- Staff knew people well and understood their body language and communication so they could identify if people felt unsafe or uncomfortable in situations. Staff knew how to report any concerns. One staff member told us, "I would raise it with my manager in the first instance and escalate if necessary."
- The provider reported safeguarding concerns and worked with the local authority's safeguarding team to investigate these. They took appropriate action to make improvements where this was required.
- The provider had a safeguarding policy and procedure in place and staff had access to these. There was a whistleblowing policy which staff were aware of. People and relatives were given information about safeguarding and what to do if they had a concern or felt unsafe.

Assessing risk, safety monitoring and management

- There were processes to assess, manage and mitigate risk to people's safety and wellbeing.
- Risk assessments were clear, detailed and contained guidelines on how to support people to manage and reduce risk. Staff were familiar with the needs of people who could not always manage their own safety, along with the measures in place to manage these. For example, those who displayed behaviours others may see as challenging, people with mobility risks and those at risk of self-neglect.
- People had personal emergency evacuation plans in place. These took into account people's understanding and abilities so staff would know how to safely support the person to evacuate in the event of a fire.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. People's needs were identified during their initial assessments and reviewed regularly to ensure any changes were identified. The provider had employed additional staff who were ready to work should they require them.
- Staffing levels enabled people to be supported to attend appointments and any activities or trips they chose to undertake.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction before they were able to work independently.

Using medicines safely

- People received their medicines safely. There was a medicines policy and procedure in place and staff received training in these. A member of staff told us, "I have done medication training and I feel confident in administering the medication" and another said, "We had online training with videos and test as well as in person training and test."
- We saw evidence staff's competencies were regularly assessed. At the time of our inspection, only one person was supported with their medicines and received these appropriately and as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. The provider had an infection control process in place. Training records indicated the care workers had completed training in infection control.
- The registered manager confirmed they carried out regular checks to help ensure the staff followed safe infection control guidelines. They told us, "We also do site visits to make sure the staff wear PPE (personal protective equipment) appropriately."
- Relatives of people who used the service confirmed the care workers who visited them wore their PPE appropriately when providing care.

Learning lessons when things go wrong

- The provider had put in place a system to ensure lessons were learned when things went wrong. The staff and management met regularly to review any incident or accident, discuss what went wrong, and any learning from these.
- Accidents and incidents were recorded appropriately. These included the nature of the incident, events leading to it, actions taken and outcome.
- Auditing systems were robust and this helped identify and address any errors or concerns promptly and learn from these.

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 needs were assessed before they started using the service, to help ensure their needs could be met. Relatives told us, "Someone came out and talked about [family member's] needs before they sent staff around" and "They turned up did an assessment, did the job professionally. They sent people over and they were very professional."
- Initial assessments enabled the management to identify the level of needs a person required as well as matching them with the most suitable staff members, based on their strengths and experience.
- The initial assessments were clear and detailed and from the person's perspective. People were referred from the local authority who provided information about their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and supported. Relatives thought the staff were well trained and had the necessary skills to meet their family members' needs.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing (observing and learning from) more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training records confirmed staff had received specialist training to support autistic people and people with a learning disability effectively.

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

- People's nutritional needs were recorded in their care plans and met. People were supported by staff with food and drinks of their choice if this was part of their care plan.
- People's care plans contained details of their food likes and dislikes, and where necessary, the staff supported them with preparing food. However, most people lived with family members who provided this support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were recorded and met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.
- People had hospital passports in place. These contained details of people's specific needs to help ensure hospital staff would know how to meet the person's need during a hospital appointment or in the event of an admission.
- Passports contained basic information about the person such as their preferred name, date of birth, emergency contacts and professionals involved. There were also details about their communication needs, for example, "I will tap my chin/mouth when I want something. This could also indicate 'yes' or 'please'. There was important information such as what could make the person anxious and how to avoid any situations where this might happen. Other information included the person's sleeping pattern, diet, mobility and personal care needs, as well as their likes and dislikes.

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 MCA 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.

- The provider understood their responsibility in relation to the MCA and ensured all staff received training in this.
- Relatives told us people were consulted about their care, and their choices were respected. We saw evidence of this in their care records.
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests.

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 received support from kind and caring staff. Relatives told us their family members were treated with kindness and respect by the care workers who supported them. One relative stated, "I must say they have been very good. The staff seem very happy and very good with clients."
- Relatives said the care workers had a good relationship with their family members. One relative told us, "One day last week [family member] went upstairs to look out the window to see when [care workers] arrive, and when they came, [family member] went to let them in."
- People's religious and cultural needs were recorded in their care plan. Staff received training in equality and diversity as part of their induction.
- The provider had an equality and diversity policy in place which included details about how to support people from the lesbian, gay, bisexual and transgender (LGBT+) community. The registered manager told us, "Previously we had someone who wanted to be identified using a different name. We ensured the staff received appropriate training in LGBT+."

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

- People and their relatives were consulted and involved in decisions about their care. Relatives told us they had regular care workers who took time to explain things and listen to them and their family members.
- The registered manager told us they had regular individual meetings with people to find out if they were happy or if they were worried about anything. They said, "Those who cannot communicate, we work with them, their family and social workers. They are supported as much as possible. For example, one person goes fruit picking and chooses their own fruit. Another person is being supported to choose what holiday would be most suitable for [them]."
- People and relatives were encouraged to express their views via quality questionnaires, visits and telephone monitoring. Documents we viewed indicated they were happy with the service and the care workers who supported them.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us the care workers who supported their family members respected their privacy, dignity and independence at all times. People's choices and wishes were recorded in their care plans and respected.
- The registered manager monitored closely how people were supported and took action when needed. Relatives told us, "I've always wanted to have the same carers for [Family member] and they provided this"

and "We have received professional care all the way through."

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's care plans were comprehensive and person-centred and were developed from the pre-admission assessment and over time. Care plans were divided into sections which covered every area of the person's needs. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed. Relatives were happy with the care their family members received.
- People had 'Positive behaviour support' (PBS) plans in place. These had been devised using discussions, reading support documents and meetings with relatives or representatives to review the person's needs.
- PBS plans included all aspects of the person's needs such as communication, likes and dislikes, interests, and what was important to them. Where a person displayed behaviours that may be seen as challenging, there was a clear plan in place including proactive support strategies to support the person in the most positive way. A member of staff told us, "I would check for triggers of the behaviour, either in the environment or the person and devise ways to make the person express themselves."
- Support plans included a document entitled, 'Things you must know about me'. This contained information about what was important to the person, what people liked and admired about them, what upset them and how best to support them.
- In order to support people and improve their quality of life, the staff had put in place a 'goal planner' for each person. This looked at specific areas that limited the person, what support they required to achieve their goals and a further review to establish if the goal had been achieved and if further support was required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans reflected people's individual communication needs and how to meet these. Information about this was obtained during the initial assessment and by communicating with family members who knew people well.
- There were clear guidelines for care workers to follow to help ensure they would meet the person's communication needs. For example, "Communicate complex ideas using social stories and back this up with pictures" and, "When communicating verbally leave 10 seconds before you add in further information."

- People had individual journals which were developed with them, were pictorial and in an easy-read format. These displayed photographs of the person undertaking a range of activities, details of their family and friends, favourite activities and achievements. It also highlighted 5 life goals they wanted to achieve.
- We saw for one person, with support and care from the staff, their communication skills had improved significantly and they were now able to take instructions from care workers and acknowledge these. This had enabled the person to spend more time doing activities in the community.

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's care plans contained information about the social activities they enjoyed. People were supported to develop their activity programs looking at every area of their care and support. Some people were limited due to a range of issues such as poor mobility, continence issues and behaviours that could be seen as challenging. However, consistent support from the staff had enabled them to improve their quality of life by taking part in a range of activities they could not do before, such as going out in the community, walking and mixing with others in social situation.
- Care plans and goal planners showed the staff were always exploring ways to improve people's social life by finding out what they liked to do and any areas of interest they might have.
- The staff had developed 'social inclusion assessments' with people and their families. These were created to understand the activities people enjoyed and what support they needed to make these happen. For example, one person wanted to go swimming. We saw measures in place included visiting the swimming pool during less busy times, ensuring that the environment was suitable for autistic people, and that suitable equipment was available.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to in a timely manner. There was a complaints policy and procedure in place. Relatives told us they knew how to make a complaint and told us the provider had taken appropriate action when they had done this.
- Relatives were happy with the way the provider dealt with their complaints. One relative told us, "They have been very good at solving problems. If there is a problem, it is solved." For example, one relative found that weekend staff were not always familiar with their family member's needs. This tended to cause some minor issues. The registered manager had taken this on board and were involving weekend staff to join regular staff during the week to help ensure a better continuity of care.

End of life care and support

- People who used the service were not able to express their end of life plans. The registered manager had introduced this subject to families so they would feel comfortable discussing this if the need arose. There were nobody receiving end of life care at the time of our inspection.

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

- Relatives spoke positively about staff and management. They told us the registered manager and office staff were approachable and they could always call them if they had a problem. A relative told us, "The management is very good. We invite them to meetings. We have regular meetings with social services and the management always attend the meetings."
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. One staff member described morale as 'great'. Other staff comments included, "Yes they are definitely very approachable as they always ask staff to contact them if they need anything" and "I feel supported in my role as the managers always respond to my calls regarding my job and they are always ready to help."

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 understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "It's about being open and honest, putting your hands up when something has happened. Last year, we had a medication error, we informed the family and healthcare professionals and put things in place to make sure that would not happen again. We apologised."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had monitoring systems in place, and these were effective. Systems included audits about recruitment, care plans, accidents and incidents, health and safety and medicines. We saw audits had identified some gaps in some staff's recruitment files and action was being taken to address this.
- The senior team undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.
- The management team was responsive during and after our inspection and records and documents we requested were produced promptly when requested.
- There were regular staff meeting and meetings between staff and relatives of people who used the service, where important information was shared. The registered manager explained, "We have monthly staff

meetings for each person, that includes the staff and family members. Every morning, we meet with all the office staff to discuss any information and discuss people. We also have weekly managers' meetings, share best practice, and have quality improvement meetings every month."

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

- Relatives' views about the care and support their family members received were sought regularly via quality surveys. We viewed a range of these and saw they were happy with the service and the care workers who supported them. The registered manager told us, "We communicate well with our service users. We call them regularly to ensure all is fine. We do regular spot checks and risk assessments on the carers. When people raise concerns, we act on this straight away and keep them informed."
- Spot checks were regularly undertaken and we saw a range of these. We saw senior staff checked if people were happy by talking to them and observing interactions and checking if people received support according to their care plans. They also carried out medicines audits to ensure people received their medicines as prescribed.
- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by working closely with the local authority and external professionals involved in people's care. They told us, "We work as a team. Referrals are from the local authority. We work in partnership with them. Any incidents are shared with them for the benefit of people. They also help us because they know people well. With young people, they present differently with different services, so we learn from each other. We also suggest things to parents."
- The staff felt valued and involved in people's care. The registered manager organised drop in coffee mornings every 6 weeks for staff. They explained, "We share information, best practice and ideas together, discuss any issues or concerns in a friendly and informal manner."
- There were also regular managers' meetings where all areas of the service were discussed and any areas for improvement were highlighted. The registered manager told us, "For us registered managers, we had a best practice meeting organised by our director. We also celebrated our clinicians' (care workers) achievements recently."