

Leafield JD Limited

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Inspection report

172 Scholes Village
Rotherham
S61 2RQ

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18 July 2023

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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

Leaffield JD Limited is a case management service providing comprehensive, person-centred case management service to adults with complex needs. Case managers work with people to set up and coordinate their rehabilitation, care, and support needs. Leaffield JD Limited oversee the training and performance management of support workers employed directly by the people using the service. At the time of our inspection there were 5 people using the service.

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 and eating. Where they do, we also consider any wider social care provided.

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

The provider has systems and processes in place to monitor the quality and safety of the service. We found that medicines audits needed to be strengthened and we made a recommendation about this.

The provider had processes to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. Relatives told us they felt that their relative was safe. Appropriate staff were employed and there were enough staff to support people.

People and their relatives were fully involved in the recruitment process and had access to experienced case managers who were qualified health and social care professionals. Risks associated with people's care had been identified and assessments were in place to minimise risks occurring.

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.

People received care and support from staff who knew them well and understood their needs and considered their preferences. People were supported to achieve their goals and there was a strong focus on rehabilitation and increasing independence. Staff worked in partnership with health professionals to ensure people received the right care and support.

Staff at all levels worked hard to promote a culture that was person centred and inclusive. Staff told us should they have any concerns about poor practice they would feel confident to raise them and for their concerns to be acted upon.

People and relatives spoke positively of the staff team and registered manager. Staff supported people to explore and embrace their identity and provided care that was sensitive to equality and diversity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection This service was registered with us on 9 March 2022, and this is the first inspection.

Why we inspected

This was a planned inspection.

Recommendations

We have recommended that the provider strengthens some of their governance systems.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 well-led.
Details are in our well-led findings below.

Good ●

Leaffield JD Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

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 the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service, and electronic file sharing to enable us to review documentation. The inspection started on the 18 July and ended on the 20 July 2023.

After the inspection

We spoke with the registered manager and 7 support staff. We spoke with 3 people and 2 relatives for their feedback. We reviewed 2 people's care plans and risk assessments. We reviewed staff records in relation to training, and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the registered manager to validate evidence found.

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.

Using medicines safely

- Staff were trained in medicines administration and their competency had been assessed.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's Medicines Administration Records (MARs) confirmed they received their medicines as prescribed. However, we identified some recording errors that had not been picked up by the provider's quality assurance process.

We recommend the provider review the process for completion of MAR's and their medicines management audits to ensure they provide clear oversight and are in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse and how to report any concerns they may have.
- They told us that they felt confident that the management team would address any safeguarding issues they raised.
- People told us they felt the care they received was safe. One person commented, "Yes, I feel safe, and I know who I can speak to."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were well managed. There were processes in place to identify risk, which then led to detailed plans being put in place for staff to follow to reduce or remove risk.
- People's risk assessments were reviewed regularly or as required, such as in response to their changing needs or after a significant event.
- Processes for recording and investigating any accidents or incidents were robust. Individual records of all incidents were kept, which were then reviewed by a case manager to ensure people were kept safe and any lessons learned actioned.

Staffing and recruitment

- An effective recruitment system was in place which enabled the safe recruitment of staff. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received good continuity of care as each person had their own care team. In the event of absences of staff, there were appropriate processes in place to ensure safe staffing levels were maintained.

- Families were confident in the recruitment of experienced and qualified staff. One relative told us, "They [staff members] have just done a batch of training which was top notch."

Preventing and controlling infection

- Staff told us they had easy access to personal protective equipment and had received training in infection, prevention, and control of infection.
- The provider's infection prevention and control policy were up to date.
- We were assured that the provider was supporting people using the service to minimise the spread of infection.

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 were assessed to ensure their needs could be met before they received support from the service.
- Each person's support plan was individual to them and covered the areas where they needed assistance, such as eating and drinking, social leisure and community and personal care.
- Support plans were comprehensive and gave clear information around how care and support should be delivered. For example, one person's support plan provided detailed and individual guidance to staff when supporting the person with personal care.
- Staff received up to date information to support the person effectively.

Staff support: induction, training, skills and experience

- Staff were provided with training to ensure they had the skills and knowledge needed to care for people. Where people had specific needs, staff received bespoke training from specialist health professionals. One staff member told us, "We do a lot of training, there is also bespoke training such as speech and language training and moving and handling training."
- New staff were supported through an induction programme, along with the provider's ongoing mandatory training. New staff also completed shadow shifts with a more experienced member of staff until they, and the person they were supporting, felt confident in their abilities.
- Staff were supported through regular supervision meetings where they could discuss any issues they may have as well as their personal development.
- Staff told us they felt well supported and were able to speak with their managers or case manager if they needed. One told us, "The team at Leaffield are supportive and the case manager is very supportive."

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

- People were supported with their hydration and nutritional needs. Where possible people took part in menu planning and were able to voice their preferences.
- Where people required special diets for example pureed food these were described clearly in people's care plans.

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

- People were supported to access health care services and live healthier lives. Integral to the role of case management is the coordination of organisations and resources to enable people to live a fulfilling life. Documentation evidenced close liaison with external services such as solicitors, and therapists to enable person-centred support for individuals.

- Joint multidisciplinary meetings took place with relevant health professionals to ensure effective and synchronised care was provided to people.
- Staff were sensitive to changes in people's needs and reported these to their relevant health professionals and case managers. This ensured support was highly personalised to best assist the person.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager was fully aware of their legal responsibilities in supporting people who may lack capacity to make certain decisions.
- Staff had undertaken training in the MCA and understood the purpose of the Act.

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

- Staff were all motivated to provide care and support which was person-centred, kind, compassionate and focused on achieving the best outcomes for people.
- People and their relatives told us they were treated with kindness and respect by staff. One person told us, "They [staff members] are brilliant. They have all done an excellent job with me."
- People had built up strong relationships with the staff that supported them. The same, regular staff supported people which ensured that staff got to know people and their families and understood people's specific care needs and requirements. A registered manager told us, "The clients are very much treated as individuals, we promote independence and for people to be individual. The client is the centre of what we are doing."
- The provider promoted and encouraged inclusion. Staff received training on equality and diversity issues and had access to a set of policies and procedures.

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

- People's voices were heard, and their views regularly sought including how they were supported to make decisions. People were fully in control of their care, and this was promoted in everything the service did. One person said, "They [staff members] listen to me and understand how I am feeling."
- People and their relatives were provided with regular opportunities to discuss the support provided and whether it was meeting their needs.
- Relatives told us they felt listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible in their own home.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Relatives were positive about the support provided by staff. One relative commented, "The [staff members] all know [my relative's] needs and wants and all care is centred around them."

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 support plans described their support needs, were reviewed regularly, and were person-centred, containing people's likes, dislikes, and preferences.
- Staff were empowered to have a good understanding of people's needs and kept informed of any changes to people's support.
- People were supported by staff who knew them well and supported them in a person-centred way. One staff commented, "Person centred means we allow the clients to be as independent as possible putting them at the centre of everything we do."

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.

- People's communication needs were thoroughly assessed when they started using the service.
- Support plans provided clear guidance to staff about how to communicate effectively with people.
- The registered manager said, "We have different formats for paperwork, we have looked at getting information booklet for clients which is an easier language. We can source translators should we need them."

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

- Staff recognised the importance of promoting social inclusion to improve people's quality of life and supported people to access various community activities.
- People had been provided with meaningful activities, linked to their hobbies and interests.

Improving care quality in response to complaints or concerns

- An effective complaints policy and procedure was in place which was regularly reviewed. Systems were in place to manage any complaints received. No complaints had been received at the time of inspection.
- Relatives told us they could confidently raise any concerns with staff or the management team. One relative commented, "I have never needed to complain about anything or anyone. If there was something we were unhappy about we would be able to discuss it."

End of life care and support

- At the time of our inspection the provider was not supporting anyone with end-of-life care. The registered manager told us, they would work closely with people, their relatives and relevant healthcare professionals and would provide staff with the necessary training if end of life care was required.

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 led by example and demonstrated an open and transparent approach; managers were passionate about promoting a person centred, inclusive and empowering staff culture.
- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.

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

- Managers and staff were clear about their roles within the organisation and understood their responsibility in relation to quality performance, monitoring, managing risks and meeting regulatory requirements.
- Effective quality assurance systems were in place to monitor the quality of care being delivered and drive improvement across the service.
- The registered manager had been open and honest when things had gone wrong and worked to resolve them and share learning.

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

- The service was well-run. This was reflected in the high levels of satisfaction conveyed by staff and people who used the service. Staff were clear on their roles and responsibilities to monitor quality and safety of care delivered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager was in regular contact with people using the service and their relatives to ensure the care being provided was meeting their needs. The registered manager also gathered feedback in the form of emails, paper-based surveys and visiting people to seek feedback regarding the overall quality and experience of care people received.
- Staff we spoke to told us they enjoyed working at the service, were confident in their roles and responsibilities and found the management team approachable. Staff's feedback included, " We have never been as supported by a management team since being under Leafield and if our client needs anything there is always a way to get it done."

Working in partnership with others

The provider worked in partnership with other agencies to ensure people received support to meet their needs.

- The service had an exceptionally positive approach to partnership working. They worked closely with a wide range of specialist clinicians and professionals.
- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from a variety of other professionals.
- Relatives spoke positively of partnership working. One relative commented, "We are more than happy. We have enough people that come in to see [relatives name]. We have an excellent package, and it works. I would not change a thing. I cannot say enough about the [provider] and the team they give 100% in all that they do."