

Leaf Care Services Ltd

Leaf Care Services

Inspection report

Eastern Branch
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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 Care is a homecare service providing personal care to people within their own homes. 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. At the time of the inspection, approximately 50 people were receiving personal care from the service.

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

Systems were in place to protect people from the risk of abuse. Risks to people's safety had been assessed and managed well. There were enough staff available to visit people when they required this and people received their medicines when they needed them.

The staff had received appropriate training and demonstrated they had the skills and knowledge to provide people with good quality care. People were supported to eat and drink enough to meet their needs. Staff were vigilant to people's health and contacted the relevant professionals when required. People's consent had been sought in line with the relevant legislation.

Staff were kind and caring and treated people with compassion. People saw regular staff so they could develop caring and trusting relationships with them. People's independence was encouraged, and they were supported to remain in their own home as much as possible.

People and relatives were happy with the quality of care being provided. The care they received met their individual needs and preferences. 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.

People had a voice which was listened to and respected. Complaints were actively encouraged to facilitate learning. People and staff felt no concern at voicing their opinions or giving feedback.

Good leadership was in place. An open culture had been embedded within the service where staff felt valued and people who used the service were treated as individuals. Robust governance processes were in place to drive improvement. The provider was keen to continuously learn and improve the care people received.

Rating at last inspection

The last rating for this service was Good (published August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 ●

Leaf Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 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.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We sought feedback from the commissioners of the service for their opinion of the quality of care provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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

Inspection activity began on 24 February 2020 and ended on 26 February 2020. On 24 and 25 February 2020

we spoke with nine people and three relatives over the telephone about their experience of the care provided. We also spoke with five staff on the telephone.

On 26 February 2020 we visited the office where we spoke with three staff including the registered manager, care manager and a senior care worker. We also spoke with the nominated individual who was present. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The staff we spoke with demonstrated a good knowledge in this area. They felt confident to report any concerns if they needed to.
- The registered manager understood safeguarding and consulted the relevant external authorities as appropriate.

Assessing risk, safety monitoring and management

- People we spoke with told us they felt safe with the staff. One person said, "I do yes (feel safe). I need two staff to help me get out of bed and with moving me safely. They handle me very safely indeed." A relative told us, "[Family member] needs hoisting with a manual hoist. It is very safely done when they are here moving them from the bed to the chair."
- Risks to people's safety had been assessed and managed well. For example, staff checked people's skin regularly where they were at risk of developing a pressure ulcer.
- People had the freedom to take risks if they wanted to. One person was diabetic but chose to eat foods that may exacerbate their condition. Staff worked with health professionals to provide advice to the person but respected their right to take an informed risk.

Staffing and recruitment

- People told us staff had always visited them when required. Some said staff were occasionally late, but this was due to unforeseen circumstances and they were always kept informed. One person said, "They are okay with the time unless held up on a previous call. They do phone me though if held up and have never missed coming to me and they never leave early."
- The staff we spoke with confirmed this. They said they were only late if they got held up in traffic or had to attend an emergency.
- The provider had ensured the relevant checks had been made before staff commenced working for them. This ensured new staff were safe to work with people in their homes.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "In the morning I have five to six tablets with a glass of water and two in the evening. I also have one at night. They are very thorough in ensuring I receive these." The medicine records we looked at confirmed people received their medicines correctly.
- Staff had received training in how to give people their medicines correctly. The provider had ensured they were competent to perform this role before allowing them to do this.

Preventing and controlling infection

- People told us staff took precautions to stop the spread of infection. Everyone said staff used gloves and aprons when required.
- Staff had received training in infection control. They told us they used gloves and aprons as appropriate and washed their hands regularly to decrease the risk of the spread of infection.

Learning lessons when things go wrong

- Incidents when they occurred, were reported to the registered manager who thoroughly investigated them. Lessons were learnt when things had gone wrong to try to reduce the risk of reoccurrence. For example, a staff member had received further training following a medication error.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had been holistically assessed. This included their physical, mental and social needs. Any diverse needs or protected characteristics had also been considered.
- Technology was used to improve the quality of care people received. An electronic system was in place that enabled the provider to monitor when people had received their care visits. This also allowed staff to have instant access to information about people's changing care needs and preferences.

Staff support: induction, training, skills and experience

- People said they felt staff were well trained. One person told us, "Excellent they are. Very well trained and will do anything for me. Pleasure to have them coming to me." A relative said, "Very helpful, all well trained and completely happy with that."
- The staff told us they had received enough training to enable them to provide people with effective care. Staff had the opportunity to complete training in subjects that reflected people's individual conditions such as autism, stroke or diabetes.
- The registered manager told us in response to some recently published best practice guidance, they would be adding autism to their mandatory training for staff.
- Staff received regular supervision to ensure they were competent to perform their role safely. New staff completed thorough induction training and staff were encouraged to complete qualifications within health and social care.

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

- People said they received support to eat and drink enough to meet their needs. One person told us, "They will get my breakfast for me on my only call in the morning. I have bacon and egg which they cook for me. I always have this, I love it."
- People said their food and drink preferences had been assessed and their likes and dislikes had been recorded in their care record. This gave staff guidance to enable them to prepare meals and drinks to people's liking.

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

- People told us they received support with their healthcare if this was needed. One person said, "Yes they will help make appointments. For instance, if I am low on my pills they will phone and pick them up for me from the surgery. They also assist in making other appointments I may need."
- Staff demonstrated they were vigilant to people's health and wellbeing and contacted the relevant

professionals when required. The records we saw confirmed this.

- The staff told us they worked well as a team to ensure people received timely and effective care. For example, they would cover for each other if necessary, so people received their care visits.
- Staff worked with a range of health and social care professionals when people started to use the service or when they left. For example, carrying out the assessment of people's needs in conjunction with social services.

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.

- People told us staff always asked for their consent before performing a task. One person said, "Yes they are very considerate. They ask how I am when they come in and any preference for what to have done first like getting me a drink."
- Staff demonstrated a good understanding of the MCA and how to support people to make decisions if this was required. For example, one staff member told us how they showed people different outfits they could choose to wear. If the person could not decide, the staff member would choose for the person in their best interests, based on their preferences.
- Records showed that people's capacity had been assessed where this was in doubt. Best interest decisions had been made when required which had involved the relevant individuals.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff treated them well and that they were kind, caring and compassionate. One person said, "I am very happy. The carers all have a caring and kind approach and my regular one is exceptional." A relative told us, "Very happy with the care they do. They go above and beyond for example, even getting some shopping in for me. They care for [family member] like they are their own relative. They are like family."
- Staff demonstrated they knew people well. This included their individual preferences and routines. Information about people's life history such as family and past employment had been captured. Staff said this helped them strike up meaningful conversations with people.
- The registered manager gave us some examples of staff's caring and compassionate approach. This included them visiting people in hospital in their own time and attending one person's relative's funeral, to offer them support and comfort.
- People said they were able to freely express their views and were involved in making decisions about the care they received. One person told us, "They make me feel at ease. They listen and we talk. They always ask if they can do more for me." The relatives we spoke with agreed with this.
- Records showed that people's care requirements had been regularly assessed and they and/or a relative had been involved in this process to ensure care was being delivered to meet their needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect and their privacy and dignity upheld. One person told us, "When giving me a shower or wash, they always close the door and pull the curtains across. They ensure I have a towel or cover to hand."
- Staff demonstrated they understood the importance of protecting people's privacy and treating them with dignity. They had received training in this area.
- People's care records and information about them was kept secure. Staff accessed these details on mobile phones which were password protected.
- People were assisted to be as independent as they could be, to help them remain in their own home. Staff told us how they only assisted people when they required support for example, when making meals or with personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and relatives told us they had contributed to the planning and delivery of their care and that their needs and preferences were met. One person said, "The care record is all good. It has been looked at and I have a copy here. They (staff) take me through it." Another person told us, "I like to have just ladies (deliver the care). I am very pleased they see to my wishes for that."

- The care records we looked at were tailored to each person and provided clear, detailed and accurate guidance for staff on how to provide care in line with people's requirements.

- People and relatives said the service was responsive to their needs. One relative said they had contacted the service to change the gender of carer visiting their family member and that this had been actioned. The registered manager told us people's calls were planned around their preferences for example, to support them to attend church.

- The provider ensured some staff were available each day to respond to people's urgent needs outside of their usual care visit time. For example, if alerted staff would visit a person following a fall so they could provide support and assistance.

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 individual communication needs had been assessed and recorded within their care record. Information was available in various formats such as large print if required, to meet these needs.

- Relatives told us staff were good at identifying how people were communicating to them when they could not do this verbally, for example if they were in pain. One relative said, "They are brilliant. Very caring and judge how [family member] is and what they want doing by the expression on their face."

- The registered manager demonstrated a good understanding of the AIS and had ensured staff had a good awareness of people's communication requirements.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and felt comfortable to do so if this was required. However, everyone we spoke with said they did not have any complaints.

- Staff told us people were encouraged to complain or raise concerns if they had any. They said complaints were welcomed as a chance to learn.

- Records showed the registered manager had fully investigated any complaints raised. The person who

raised the complaint had been involved in this process and where applicable, lessons had been learnt to improve the quality of care in the future. For example, the registered manager had improved their processes for gaining consent from people in response to a complaint made.

End of life care and support

- People's end of life wishes, and requirements had been sought where they had wanted to give these. This information had been recorded within their care record so staff had an awareness of these wishes.
- The registered manager and staff said they worked with several health professionals at this time, to ensure people received a comfortable and pain free death.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- Everyone we spoke with said they were happy with the quality of care provided and would recommend the service. One person told us, "Excellent. Well managed and I would certainly recommend them." Another person said, "They are just brilliant. I would definitely recommend them." A relative said, "Recommend oh yes. Very happy with the management and care they give."
- An open and person-centred culture had been developed within the service. People, relatives and staff told us they felt the managers at the service were approachable and listened to them. All felt comfortable to express their opinions if they needed to.
- Staff were happy working at the service. They told us they felt valued and respected. The provider and registered manager demonstrated their commitment to staff by supporting them with opportunities to enhance their skills and knowledge in health and social care.
- The registered manager demonstrated they understood their responsibilities in relation to the duty of candour. They had apologised to people or relatives when things had gone wrong and involved them within the process.

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

- The registered manager and staff understood their individual roles and responsibilities. The registered manager monitored the quality of care provided on a regular basis. This was done through the completion of regular audits of areas such as medicines, care records and staff training. An external consultant was employed which the provider advised gave them 'another set of eyes' to monitor the quality of care provided.
- There was a clear drive to continuously evaluate and improve the quality of care people received. The registered manager had an improvement plan in place which detailed any shortfalls or negative feedback received. This was continually reviewed and updated to ensure action was taken when necessary. For example, in response to feedback received from people/relatives, communication logs had been implemented within people's homes. This enabled staff to keep relatives updated with important aspects of their family member's care, and for relatives to leave staff messages when needed.
- The provider shared learning from incidents and complaints across all their locations. For example, a complaint had been received regarding staff awareness of the signs of stroke in one of the care homes run by the provider. In response, staff had received further training in this area which included within this

service.

- Investments had been made in technology to help staff complete their care tasks quicker so they could spend more time with people. The provider was keen to utilise technology to assist in areas such as training.
- The registered manager attended regular registered manager events to keep up to date with best practice within the industry. They also reviewed and implemented best practice guidance. For example, they had ensured people's oral health was assessed and support provided in line with The National Institute of Health and Care Excellence guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly asked for their feedback about the service. This was through either a questionnaire or during reviews of their care. Staff confirmed they were also asked for their feedback and any ideas they had were listened to.
- People, relatives and staff were kept informed of important events by a newsletter. Regular 'blogs' were also emailed to people, relatives and staff and placed on the service's website, to educate and advise on various topics. For example, information in relation to medication management and the use of singing in dementia care had been displayed.
- The registered manager and staff told us they had good working relationships with various professionals including GPs, district nurses and occupational therapists.
- Links has been established with the local university and the registered manager and staff were working with them on a current research project. This was in relation to homecare being provided to people living with dementia.