

White Leaf Support Ltd

# White Leaf Support Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

White Leaf Support provides care and accommodation at 8 and 10 Priory Avenue for up to 13 people with either learning disabilities or autistic spectrum disorders. At the time of our inspection 13 people used the service. One house accommodated people who were more independent and the other house supported people with more complex support needs.

The inspection took place on 11 and 13 July 2018 and was unannounced. At our last inspection the provider was in breach of regulations this was in relation to Regulation 9 HSCA RA Regulations 2014 Person-centred care. Visual communication tailor made for the people who used the service was not available. Regulation 12 HSCA RA Regulations 2014 accidents and incidents were not always recorded or followed up to keep people safe. Regulation 17 HSCA RA Regulations 2014 Good governance. The service did not have effective systems to regularly monitor the quality of care people received.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe, effective, responsive and well led to at least good.

At this inspection we found improvements had been made and the provider was now meeting these regulations

White Leaf Support is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is required to have a registered manager to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a registered manager was in post.

Parents reported the service had improved in the last three months and the atmosphere was much more positive and upbeat. One parent told us, "Staff are brilliant, and their hearts are in the right place. I can really feel how conscientious, professional and warm hearted the staff are."

Staff understood their responsibilities in relation to reporting concerns and incidents. Systems were in place

to manage medicines, safeguarding people from abuse and managing behaviours that challenge.

We saw there were sufficient staff available to ensure people's safety was protected. Recruitment procedures were robust to only appoint suitable staff with the right skills and attitude.

Staff were trained, supervised and appraised. There was an induction and development programme which supported staff to gain the relevant knowledge and skills.

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.

People were supported to eat and drink to meet their needs and to make informed choices about what they ate.

People were supported to take part in a range of social activities to provide stimulation, and social contact. On both days of our inspection people were supported to attend community activities and social events.

The service had a comprehensive maintenance programme to ensure the service was a safe place to work and live.

Regular on-going health checks were carried out and people were supported to attend appointments. The service was responsive to people's needs and staff referred people to health professionals when required.

Concerns or complaints were responded to appropriately. The provider demonstrated an open management style and provided leadership to the staff team. Staff reported they felt supported and felt they could question practice without incrimination.

Systems were in place to assess and monitor the quality and safety of the service to ensure people were receiving appropriate care and support.

## 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.

Medicines were managed appropriately.

Staffing levels were appropriate to ensure people received care when they needed it.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff with relevant training to perform their role effectively.

Staff received regular supervisions to monitor their performance and development.

A range of professionals were involved in assessing and implementing people's care and treatment.

### Is the service caring?

Good ●

The service was caring.

Staff showed kindness and compassion towards the people they supported.

People's dignity was protected and staff treated them with respect.

People and their families were involved in care and treatment plans.

People were encouraged to personalise their rooms to suit their taste.

### Is the service responsive?

Good ●

The service was responsive.

People were encouraged to take part in activities to avoid social isolation.

The service had procedures in place for people to follow if they wished to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service had a clear vision about how it should support people.

Staff felt the service had improved and had confidence in the management team.

Audits ensured the service was monitored to provide a quality service.

# White Leaf Support Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 13 July 2018 and was unannounced. The inspection was carried out by one inspector and one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements that plan to make. We also checked other information that we held about the service including notifications we received from the service. A notification is information about important events which the provider is required by law to tell us.

We contacted health and social care professionals to seek their views of the service. We received feedback from one social care professional.

During the inspection we met the people living at the service and spoke with four of them. We spoke with four relatives who were visiting at the time of our inspection. We also spoke with the director of the service, the compliance officer, the registered manager and five members of care staff. We reviewed five people's care plans and viewed records for the management of medicines, staff training, complaints and how the provider monitored the quality of the service.

## Is the service safe?

### Our findings

During our previous inspection in July 2017 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accidents and incidents were not always recorded or followed up to keep people safe. We found during this inspection the provider had made improvements and were now meeting this regulation.

Relatives we spoke with were confident their family member was safe living at the service. One family member told us, "We are very happy with [my child's] progress in the short time they have been living at White Leaf, especially their personal hygiene. We struggled to get [my child] to wash and bath. Since being at White Leaf they are having regular baths." The relative went on to say, "This is an amazing development."

Information about safeguarding procedures was on display in different formats to help ensure people using the service and staff were aware of who to contact if they had any concerns. Staff demonstrated good knowledge of how to keep people safe and their responsibilities for reporting accidents or incidents. They were aware of the policies and procedures for protecting people from abuse or avoidable harm and were confident any concerns they reported would be appropriately managed by the provider.

The service had systems in place to assess the potential likelihood of hazards. Risk assessments were developed which identified the risk with or without support. This demonstrated the service used positive risk management with people's independence as a key factor. Staff we spoke with could tell us about people's support and risk management plans, including when accessing the community and using the kitchen. Staff could tell us about certain risks associated with specific situations and people, demonstrating that they knew them well. For example, staff told us that they all had to be consistent in their approach with one person. We viewed the person's care plan which documented, "I can easily detect staff anxieties and this can make me feel that staff have lost control of the situation."

Staff encouraged people to be involved as much as possible in developing their individual risk assessments. We saw that one person had recently been admitted to the service and a risk assessment for them to go out was being put in place together with the person. They told us they were keen to start college and hoped to live independently one day. Another person had a support plan and risk assessment that utilised a 'traffic light tool kit' to communicate when they were struggling with their emotions. The tool kit used the colours of traffic lights to identify how the person was feeling or coping. For example, red was angry and not coping, amber identified the person was coping and calm and green was happy and everything was fine.

Accident and incident reports analysed incidents on an individual and collective basis to identify improvements to care plans and procedures.

Medicines were managed safely and effectively. We viewed each person's medicine record and found them to be in order and correctly signed by the member of staff who administered the medicine. Medicine audits showed that staff managed medicines well, consistently and safely. Where mistakes occurred, the service

followed policies and procedures to ensure that those affected remained safe.

People were supported by sufficient staffing levels to meet their needs. Assessment of support was identified on admission to the service. Staffing levels were reviewed when circumstances changed. Regular staff were deployed to ensure continuity of care. One relative commented, "Since staff changes in the last three months, the atmosphere is much more positive and upbeat. Previously it was very negative here. Staff are prepared for [my child's] extremely challenging behaviour. This is one of their best qualities...that they can deal with this behaviour in house."

The service used an online rota system to ensure that there were always enough staff on duty with the right skill mix to make sure they could respond to any unforeseen events. Agency staff were used when required. However, the same agency staff were used and we noted they had been working at the service for some time. The provider undertook rigorous checks prior to appointing new staff to ensure only staff with suitable character and attitude were appointed.

The service was clean and tidy and cleaning materials were locked away when not in use. The service encouraged people to participate in cleaning duties of their rooms. Staff received training in infection control and were equipped with personal protective equipment, such as gloves and aprons for use during providing personal care and carrying out domestic tasks.

There were plans in place for each person in the event of an emergency such as a fire. Personal evacuation plans had been completed for each person detailing support each person would require evacuating the building safely. Regular fire alarm testing was carried out together with fire drills.



## Is the service effective?

### Our findings

During our previous inspection in July 2017 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Visual communication tailor made for the people using the service was not available. We found during this inspection the provider had made improvements and were now meeting this regulation.

Prior to people coming to live at White Leaf Support a detailed pre- assessment was completed which included spiritual, cultural, and communication abilities. From the assessment a care plan could be formulated specific to individual needs and requirements.

Families reported staff had the relevant skills and experience to be able to meet people's needs. One family told us how the service had effectively supported their family member in developing communication skills. They told us, "Since living at White Leaf [my child] is putting together much more complex sentences and moderating their voice. The behaviour has improved when we go out together and White Leaf has managed to reduce the medication he is on which is really great and means I can enjoy the time we spend together more."

Staff completed an induction programme which developed over the first 12 weeks of employment. Training included safeguarding, equality and diversity, first aid, moving and handling and food hygiene. Staff also received training in autism and epilepsy. The service actively encouraged staff to progress and to take on more responsibilities when they felt ready. The registered manager attended external development programmes to keep abreast of new research, guidance and developments. These were disseminated through the workplace via staff meetings, supervision sessions and staff training.

Staff were supported through regular supervisions and appraisal meetings. Records we viewed confirmed this. Staff told us they felt supported and felt they could always speak to the registered manager or senior staff either formally or informally. Comments from staff were, "Supported...yes definitely", "[Name of team leader] has brought a lot of changes. If you do something wrong they will tell you" and "We are given constructive feedback."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted DoLS applications where appropriate and these had been approved.

Staff had been trained and showed an understanding of the MCA. Staff recognised that people could make some decisions but not others and empowered them to make decisions where possible. Records showed that people's consent was sought in relation to support they received. Where people lacked capacity, best interest decisions had been made following consultation with relevant others.

People were effectively supported to eat and drink to maintain a balanced diet. Food was ordered weekly, together with people using the service to ensure they had input into the choice of food they wanted. We saw that some people were on specific diets for their condition. They were encouraged to make healthy choices in respect of this. Support plans included guidelines for mealtimes and included input from professionals where necessary such as dieticians to ensure nutrition and hydration plans were robust, person-centred and based on best practice. Staff had a good knowledge of people's nutritional needs and provided them with different food options, including the use of pictures, so they could make an informed choice.

People had regular on-going health checks and support to attend appointments when required. This included reviews of medicine, GP and dental appointments. The service worked collaboratively with local authorities and external professionals within the community such as the local surgery and Community Learning Disability Health Team.

The environment was appropriate for the people living there. People could personalise their rooms to suit their taste and preferences this included their own belongings such as pictures and favourite items. We were told one person's room had been decorated with the same colours used in the person's home. Staff told us this helped the person settle when they came back from home visits. People had use of communal areas which included a private garden.

## Is the service caring?

### Our findings

Families and people told us they were happy with the care provided by staff. One family member told us, "Staff are brilliant, and their hearts are in the right place. I can feel how conscientious, professional and warm-hearted staff are. They genuinely care for [my child]." They went on to say how their family member feels loved and part of a family. Another family member told us, "It has been a very worrying and anxious time deciding to put [my child] into residential care and we are so happy that the transition has gone so well with minimal disruptions to [my child's] continued day care." The atmosphere in the home was friendly and supportive and we observed staff knew people well.

The service used person-centred planning tools to work with people to understand them and their life history. Person-specific behavioural support plans were tailored to support staff and training around specific individuals the service supported.

People were supported to express their views and be actively involved in making decisions about their care and support. People who used the service were key to the running of the service. Weekly meetings were held with people and the minutes of the meetings were available to people and their representatives. The service had recently begun working in partnership with the speech and language team on the use of Makaton. Makaton uses signs and symbols to help people communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

For people with non-verbal communication, the use of exchange boards and picture boards supported an effective way of communication. Other people who had verbal communication but with limited use or understanding used written exercises and social stories.

A family member told us that the service had managed their child's challenging behaviour so well that they can now sleep at night. They told us, "I'm not terrified anymore, and I am able to have a loving relationship with [my child]."

One person we spoke with communicated in the third person so when speaking uses 'we' instead of 'I'. They told us, "We are coping well with things and don't need to 'explode' anymore because we are calmer. We wouldn't change anything. We are very happy here."

We saw a comment made by a family member which said, "Our son moved to White Leaf Support from his previous residential placement in a distressed and traumatised state. We were very impressed by the expertise of the managing staff who oversaw a very successful transition for him. We are impressed also with all the staff who now work with our son and are amazed at the progress we have seen in him in such a short period of time. We feel staff really listen and adapt to our son's needs."

Staff respected people's privacy and dignity. Staff spoke about people in a respectful manner and demonstrated an understanding of their individual needs. Staff were knowledgeable about people's

preferences and what mattered to them. People's support plans were written in a respectful way that promoted dignity and independence.

One family member told us, "At Christmas, White Leaf invited me and the rest of our family to dinner on Christmas day because we were going to be alone. We all chipped in and cooked something, including the managing director and it was really lovely."

Families and friends could visit without restrictions. We saw that families visited on a weekly basis. The service ensured visiting was on the terms of people who used the service and acknowledged personal space and quiet time was an important aspect of providing individualised care.

We found the service complied with the relevant legislative requirements for record keeping. People and staff's confidential information was protected.

## Is the service responsive?

### Our findings

The service provided a personalised approach in responding to people's needs. Staff received training in respecting people's human rights and diversity to prevent discrimination. Before people moved into the service an initial assessment was carried out to ensure the service was suitable for people and could meet their needs. The views of people were important and the service supported people and significant others to be involved in this process. Care plans reflected needs and preferences around the support provided. We saw that one person's culture meant they required specific food which was a part of their religious belief. The service supported the person with this. Furthermore, the person was supported to attend worships at their place of faith.

The service employed a behavioural specialist to develop behavioural support plans for each person who used the service. Staff demonstrated a good understanding of the support people required and of the outcomes they were supporting people to achieve.

Staff monitored people's changing needs through regular reviews. We saw this was clearly recorded. Each person had a key worker who reviewed the person's support plan with them and their family where applicable. A communication book and handover meetings between shifts were used to ensure any changes or concerns were communicated throughout the team. Staff were prompt to raise issues about people's health and referrals to health professionals were made when required.

People were supported and encouraged to have active lifestyles and had access to a range of activities both within the service and in the community. Activities were based on the things people enjoyed which included tennis clubs, gym sessions, cinema and outings in the services mini bus. The service encouraged people to try new things and challenge themselves. We saw that some people attended day centres and college. One person told us they were independent and liked going out. In addition, the service supported people to go on holidays. One relative told us the new staff placed more effort into socialising with people but would like to see more in-house activities take place.

We saw that one person was a keen tennis player and was actively involved in a tennis club. Staff told us this was a good way of the person managing their emotional well-being. This was confirmed as we saw the person when they came back from the tennis club and they appeared more relaxed and calm. This was a marked difference from before they went, as we saw they were agitated and unsettled.

A complaints procedure was displayed in the service including an easy-read picture format for people who were unable to read complex information. In addition, weekly in-house meetings took place with the people living at the service where discussions were around the previous week, plans for the week ahead and any complaints or requests. We saw that pictorial aids were used to ensure people could contribute fully. Feedback from people who used the service was obtained through meetings and one to one time with their

key workers. The service surveyed families of the people they supported and respondents said they would not have any issues about raising concerns if they needed to.

We saw that one complaint had been made which had been responded to and resolved.

The service met the Accessible Information Standard and ensured information provided to people was in a way that was accessible to them. For example, the complaints procedure was written in plain English with pictures that enabled people to understand how to make a complaint.

The service did not have any end of life documentation at the time of our inspection. We were told the age of the people living at the service did not warrant this.

## Is the service well-led?

### Our findings

During our previous inspection in July 2017 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have effective systems to regularly monitor the quality of care people received. We found during this inspection improvements had been made and the provider was now meeting this regulation.

The service had a new registered manager since the last inspection. Families and staff spoke positively about all aspects of the service and how it was managed. One relative told us, "The changes in management is very positive." Another relative said, "Things get better every week." Staff told us, "The service has improved we are more focused", "It was rocky at first, it's alright now", "[Registered manager] is nice. I think he will get there", "I've got nothing negative to say. I do believe we are nearly there. There have been quite a lot of changes. Within six months we have turned it around" and "It's a lot safer now."

The provider and registered manager promoted an open and inclusive culture in the service. The registered manager understood the need to be consistent, lead by example and be available to staff for guidance and support. Staff told us they felt supported and could always discuss any worries or concerns with the registered manager. They told us they were provided with constructive feedback during supervisions. Records of staff meetings showed that staff were asked for their input in developing the service and staff confirmed this. Minutes of meetings were available using pictures to help people understand what happened at the service.

A social care professional reported the service had improved in a short space of time and provided quality care to enable people who used the service to live their lives as independently as possible.

The service's mission statement was developed with staff, people who use the service and families and was underpinned by a set of values which were supportive, accountable, fun and empowering. This formed part of staff induction, to ensure they were understood and continually put into practice.

Staff told us they felt confident to question practice and report concerns about the conduct of colleagues and other professionals. They told us they were confident their concerns would be investigated in accordance with the service's policies and procedures. Staff said they were happy in their work and had confidence in the way the service was managed.

The service had a newsletter for key stakeholders and families which was communicated via email and the services website each month.

A robust system of regular audits of the quality of the service was completed and records were kept at the service. The range of audits were medicines, health and safety, infection control, care planning, and risk assessments. Records showed that any actions identified through the audits were followed through and

signed off by the registered manager once completed.

The provider understood their responsibilities in reporting significant events to CQC in line with the provider's registration. Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was fully aware of the requirement however was not required to use it up to the point of our inspection.