

White Leaf Support Ltd

215 Hughenden Road

Inspection report

215 Hughenden Road
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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 215 Hughenden Road for up to six people with either learning disabilities and or autistic spectrum disorders. At the time of our inspection six people used the service.

The inspection took place on 1st and 2nd of August 2018. The inspection was unannounced on the first day. At our last inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed effectively to ensure people received their medicines as prescribed. The provider was also in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to investigate immediately upon becoming aware of potential abuse.

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 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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. White Leaf Support accommodates six people in one adapted building.

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 provider is required to have a registered manager as part of their conditions of registration. 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.

Relatives commented they had seen improvements in the service. One family member said, "Staff go above and beyond their duty."

Systems were in place to assess and monitor the quality and safety of the service. We saw medicines were managed effectively.

Staff understood their responsibilities in relation to reporting accidents and incidents. Staff attended safeguarding training and knew how to report any concerns.

Recruitment procedures were robust to ensure only suitable staff were appointed. We saw there were sufficient staff available to meet people's needs. Induction and development programmes were in place to ensure staff gained relevant knowledge and skills.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. 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 and drank.

Social activities were available for people to take part in, to avoid social isolation. We saw people were engaged in community events on both days of our inspection.

Regular on-going health checks were carried out and people were supported to attend appointments. People were referred to health professionals when required.

Concerns and complaints were used as a way of improving the service. Staff told us they felt supported and could question practice if the need arose.

The service carried out repairs and maintenance of the building to ensure the safety of people and staff.

Robust monitoring systems were in place to ensure people received 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.

People were supported to take planned risks to promote their independence.

Medicines were managed safely.

Staffing levels were appropriate to ensure people's needs were met.

Is the service effective?

Good ●

The service was effective.

Staff received ongoing supervisions to monitor their performance and any training needs.

The service carried out assessments prior to people moving in to ensure their needs could be met.

Is the service caring?

Good ●

The service was caring.

Staff spent quality time with people to provide support tailored to their needs.

People's dignity was protected and staff treated people respectfully.

Is the service responsive?

Good ●

The service was responsive.

Activities and social events were provided to ensure people avoided social isolation.

The service had procedures in place to follow if people or their families wanted to make a complaint.

Is the service well-led?

Good ●

The service was well led.

We received positive comments from staff and families about the way the service was run.

Audits showed the service was monitored to provide improvements and to monitor the service.

215 Hughenden Road

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 1 and 2 August 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to 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 they 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 to tell us by law.

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. We were unable to speak with them due to communication difficulties. We spoke with one relative who was visiting at the time of our inspection and contacted two other relatives by phone. In addition, we spoke with the director of the service, the registered manager, the compliance officer and four members of the care team.

As part of our inspection we reviewed six care plans and records relating to medicine management. We viewed staff files, audits, and records relating to the management of the service.

Is the service safe?

Our findings

During our previous inspection in August 2017 the provider was in breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed effectively to ensure people received their medicines as prescribed. There was also a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to investigate immediately upon becoming aware of potential abuse. We found during this inspection the provider had made improvements and were now meeting these regulations.

Relatives spoke positively about the service. They told us, "Overall they are very good, it's a good service" and "I have one hundred percent faith in them. If you asked me before [the registered manager] came back to manage the service, it would be a different story."

Staff received training in safeguarding and demonstrated good knowledge of how to keep people safe. Information was displayed in different formats to ensure people using the service and staff were aware of who to contact if they had any concerns. Staff told us they were confident any concerns they had would be appropriately managed by the registered manager.

Medicines were managed safely and effectively. Medicine records we saw were correctly signed by the member of staff who administered the medicine. Medicine audits identified any issues and these were brought to the attention of the registered manager. Where mistakes occurred, the service followed policies and procedures to ensure the safety of people using the service.

People were supported to take planned risks to promote their independence and staff were provided with appropriate information on how to manage these risks. We saw one person had been measured for a helmet to protect their head in the event of a seizure. However, the person refused to wear it. Staff told us they respected the person's decision not to wear the helmet and told us, "We can't force them to wear it." In addition, there was a detailed risk assessment for the person in the event of them having a seizure during day to day activities and when taking a bath. The risk assessment referred to the type of seizures the person had and what staff should do during a seizure, as well as steps to follow if the person was hospitalised following a seizure.

Accidents and incidents were reported and used to identify trends and improvements needed to reduce further events.

People were supported by sufficient staffing levels to meet their needs. On admission to the service people's needs were assessed and appropriate staffing hours allocated. We saw some staff had recently been appointed. One relative told us, "The 'guys' are coping well with changes in staff. They (staff) go above and beyond their duties."

The staff rota was planned in advance but was flexible to consider planned activities and when people went home for weekend breaks. The service had a supply of their own bank staff which was used when needed.

Agency staff were used when required. We spoke with an agency member of staff who told us they had received a thorough induction of the service and had had the opportunity to read support plans to ensure they were familiar with people's needs. They told us, "I feel like I'm not new."

A robust recruitment system was in place and staff had been subject to criminal record checks before being appointed. These checks were carried out by the Disclosure and Barring Service (DBS) to help employers make safer recruitment decisions and to prevent unsuitable staff being appointed.

There were plans in place for each person in the event of an emergency such as a fire. Personal evacuation plans (PEEPs) identified the support each person required to evacuate the building. We saw that regular fire alarm checks were completed together with fire drills.

Staff received training in infection control and were equipped with personal protective equipment (PPE) such as gloves and aprons for use when carrying out personal care and domestic duties. The service was clean and tidy. Staff completed cleaning duties and people were encouraged to help with this.

Is the service effective?

Our findings

The service carried out a pre- assessment prior to people coming to live at 215 Hughenden Road. This included spiritual, cultural and communication needs. From the assessment, a detailed support plan was formulated specific to each person's needs and requirements.

Relatives told us they were confident staff had appropriate skills and knowledge to meet the needs of people they were supporting. One relative told us, "It took a long time for [family member] to settle. The fact is she can cope with not coming home as much now." The relative went on to say that their family member only comes home every three weeks, which was an improvement from before when they wanted to go home every weekend. Another relative commented, "Sometimes it takes them (new staff) a while to get to know [family member]. I do think they support [family member] well and her needs are definitely met. The relative told us how staff, "...just know how to deal with her mood swings." This was confirmed during our visit, as we saw the person becoming increasingly agitated because they could not get through to someone on their mobile phone. Staff used distraction methods to manage the person's behaviour and we saw this effectively diffused the situation.

When staff first joined the service, they completed an induction programme during the first 12 weeks of employment. Training included safeguarding, first aid, equality and diversity, moving and handling and food hygiene amongst others. Staff told us the training was good and enabled them to support people effectively. One member of staff said they would like to attend Makaton training. We discussed this with the registered manager who told us this was already being sourced. 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.

Staff were supported through regular supervisions and appraisals. Records we viewed confirmed this. Staff told us they felt supported and the registered manager was approachable and would always make time to listen to any worries or concerns they had. The service had an on-call system for staff if any issues arose outside normal working hours.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person

of their liberty were being met.

The provider had submitted DoLS applications where appropriate and these had been approved.

Staff demonstrated a good understanding of the MCA and recognised that people could make some decisions but not others. Records showed that consent was sought in relation to support people received. When people lacked capacity, we saw that best-interest meetings took place with relevant others.

People were supported to make healthy choices in relation to the food they consumed. Food was ordered weekly in conjunction with people using the service. We saw that some people were on calorie-controlled diets and their weight was monitored to allow any additional adjustments to be made. Support plans included guidelines for mealtimes and included input from professionals when necessary. Staff had a good understanding of people's nutritional requirements and provided them with different food options, including the use of pictures so they could make informed choices.

The environment was appropriate for the people living there. People had use of communal areas including an enclosed garden. Rooms we saw were personalised and included the person's own belongings including pictures and favourite items.

People had regular on-going health checks and support to attend appointments. The service worked collaboratively with external professionals within the community, such as the local surgery and Community Learning Disability Health Team.

Is the service caring?

Our findings

Relatives we spoke with told us staff were caring and they trusted staff to look after their family member well. Comments included, "Very accommodating and [member of staff] is absolutely super" and "All the staff are very caring; all in all, care is very good."

Staff understood people had the right to be treated with respect and dignity and gave examples of how they provided support to meet the diverse needs of people using the service. These needs were recorded in support plans and staff we spoke with demonstrated they knew the needs of each person well.

We saw positive interactions between people and staff during our inspection. Staff spent quality time with people and enabled them to 'go at their own pace'. One person, we noted, was a late riser and staff accommodated this and took this into account when activities were planned for the day. Staff told us, "We have to let [person] get up when they are ready otherwise the day doesn't go well." We saw arrangements had been made in relation to the person having their morning medicines. The GP confirmed the medicine could be administered later than it had been originally prescribed.

The service used person-centred planning tools to work with people and to understand their support needs. Behaviour support plans were tailored to each individual and updated when required or as needs changed. One relative told us how their family member worked in a local café until recently when their behaviour changed and they became unsuitable to continue this role. The relative said the service was looking at alternative work for their family member.

People had weekly meetings to express their views about the support they received. Minutes of the meetings were available to people and their representatives. Staff told us people were key to the way the service ran.

People had access to the internet should they choose to use it and several of them had computers or phones to enable them to make private contact with families and friends or for recreational purposes. Most relatives were involved in their family members' lives and were encouraged to communicate with the service and see their family member as often as they would like.

The service encouraged people's involvement in the interviewing of new members of staff. People were also able to meet potential new staff when they visited the service. People's thoughts on new staff were taken into consideration to ensure the right people were working in the home.

Families were invited to family forums three times each year to discuss the service and plans and changes. This was used as an opportunity to discuss or find out anything they had queries about.

The service had an open-door policy. Families could visit whenever they liked. In addition, the service supported people to go to their family homes as often as they would like.

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

Prior to people moving in to 215 Hughenden Road, all individuals were assessed to ensure compatibility with people already living in the home. They met each other and spent time together in transition periods to make moving in as smooth as possible. The service encouraged people to spend time with their families and when this was not possible people were supported to make phone calls to their family members.

Reviews were carried out to ensure placements were working for the individuals. External professionals and families were involved in this process and invited to join meetings for their feedback.

The service used key workers and people could choose the member of staff they wanted to take on this role. Key workers are a point of contact for people should they have any needs outside of their day-to-day care needs. For example, key workers helped arrange a visit to shops or hospital appointments.

Support plans, risk assessments, behaviour support plans and timetables were reviewed to enable the provision of a flexible service that could accommodate short notice changes to care.

People were supported to have active lifestyles and had access to a range of activities both within the service and in the community. Day centres formed a structure for some people living at the service. People were supported to prepare their packed lunch for the day and staff supported them to choose appropriate clothing for the day depending on the weather.

We were told that one person was once reluctant to join in social events because they disliked crowds and noise. However, with support and encouragement from staff we were told the person looked forward to social events and had regained their confidence and ability to interact socially, thereby increasing their emotional well-being.

Activities were based on the things people enjoyed doing such as gym sessions, swimming, and outings in the minibus. In addition, the service supported people to take holidays. One relative told us how their family member went on holiday to Spain and had recently worked at a charity shop. The service had access to classes and sessions designed for people with learning disabilities. We were told how one person was fearful of water and never participated in swimming sessions. However, with steady support from staff over a period of time, the person slowly ventured into the swimming pool and participated in weekly sessions which had greatly helped their emotional well-being and confidence.

A complaints procedure was displayed in the service including an easy-read picture format for people who were unable to read complex information. We saw no complaints had been made in the last year. In addition, weekly in-house meetings took place with people living at the service. During these meetings people could raise any issues or requests for the week ahead. We saw that pictorial aids were used to ensure everyone could contribute. The service sent out questionnaires for families to gain any feedback about the way the service was run. Families we spoke with told us they were more than happy with the way things were now.

The service met the Accessible Information Standard (AIS) 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.

Is the service well-led?

Our findings

Staff spoke positively about the way the service was run. They told us, "[I am] supremely confident in the way things are run. I feel quite relaxed here" and "It's a lovely nice house. The management are really good." Families said the service was, "...very good since the registered manager has come back and "Very well managed."

The service provided an open and inclusive culture where staff felt they could discuss any worries or concerns they had. They told us they were provided with constructive feedback during supervisions and that supervisions were an important part of ongoing improvements for them, both professionally and personally. The registered manager understood the need to be consistent, to lead by example and be available to staff for advice and guidance. Records of staff meetings showed that staff were asked for their input in developing the service. When required, systems were in place to enable the registered manager to investigate behaviours that may impinge on the performance of staff.

The service worked in partnership with other professionals. We saw regular ongoing contact from learning disability professionals and epilepsy professionals to support staff and people using the service. We received positive comments from a social care professional who confirmed the service had improved and provided quality care for people they supported.

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

Staff told us they felt able to question practice and report any concerns to the registered manager. They confirmed they were confident their concerns would be dealt with appropriately and investigated in accordance with the service's policies and procedures. Staff said they looked forward to coming to work and felt part of a team which provided support to people in an individualised way.

People and their families were involved in the service helping to drive improvements. Feedback we received described the service as good. The service had a newsletter for key stakeholders and families which was communicated via email and the service's website each month.

The service carried out a system of regular audits to drive continuous improvements and learn from current performance. These included medicines, health and safety, infection control and risk assessments. Records showed any actions required were completed and signed off by the responsible person.

The provider understood their responsibilities in reporting significant events to us 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.