

White Leaf Support Ltd

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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 

Overall summary

The inspection took place on 18 November 2015. This was an unannounced inspection. The last inspection for White Leaf Support was 12 November 2013 when we found the service was meeting the requirements of the regulations in place at that time.

White Leaf Support Limited provides care and accommodation at 8-10 Priory Avenue for up to 13 people with either learning disabilities or autistic spectrum disorders with an age range of 18 to 30 years old. At the time of our inspection there were four people living in number 10 and seven people living in number 8 Priory Avenue

Summary of findings

The service has a registered manager. 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.

We saw people were well cared for, and were comfortable in the home. The person we were able to speak with commented. "I love it here I can do what I want". Care records were personalised and up to date and accurately reflected people's care needs. The care plans included information about people's likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. The service did not capture people's end of life care. However, this is something the service is in the process of reviewing.

The service followed robust recruitment procedures. Staff received appropriate induction supervision and training.

Where risks were identified the appropriate assessments were in place to ensure people's safety.

Care plans showed how care was carried out to each individual and were regularly updated and reviewed.

People were supported to maintain good health and had access to healthcare services.

We observed people were cared for compassionately and with respect. People were cared for by a motivated and well trained staff team. The manager and provider provided effective leadership to the service with regular family meetings this ensured people were involved in the running of the home. The atmosphere in the home was warm, friendly and supportive, we saw staff chatting and laughing with people. People were able to plan the menu with staff and were involved in the preparation and cooking of the meals.

People were actively involved with the local community, staff encouraged people to engage in a wide variety of activities within the home and outside.

Professionals who worked regularly with the service told us that staff were responsive to the needs of the people who live there.

New staff had recently been appointed to drive improvements throughout the home.

Summary of findings

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.

There were sufficient staff available to meet people's needs

Risks had been appropriately assessed as part of the care planning process and staff were clear on how to manage identified risks.

Medicines were managed in accordance with best practice.

Good



Is the service effective?

The service was effective. Staff were highly motivated, well trained and effectively supported.

Induction procedures were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring.

The staff team knew people well and provided support with compassion.

People's privacy was respected and families were kept informed of any changes to care needs.

People's preferences in relation to their care had been discussed with them and the service aimed at providing high quality care that is individual to each person's needs.

Good



Is the service responsive?

The service was responsive.

People's care plans were detailed, and contained specific information to meet identified care needs. However, the care plans are under review to ensure they are more tailored to each individual.

People were actively engaged with local community groups to maintain relationships that were important to people.

People were empowered to make meaningful decisions about their care.

Good



Summary of findings

Is the service well-led?

The service was well led.

At the time of our inspection the service was in the process of reviewing and updating the policies as part of their continuous commitment to continuous improvement.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home.

Good



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 was 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.

The inspection took place on 18 November 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. A provider information Return (PIR) was not requested prior to our visit. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager the Managing Director and three staff members. We observed care practices and people's interactions with staff during the inspection.

We checked records including three care plans, medicines records and staff files including recruitment checks and induction procedures. We also looked at training staff who worked at the service had completed. We spoke with one person who used the service and contacted 2 relatives after the inspection. We also received information from health and social care professionals. In addition we observed staff supporting people throughout the home and during the lunchtime meal.

Is the service safe?

Our findings

We looked at the medicine records of people living in the home. The charts showed the medicine that had been given, however the 'as required' medicine did not clearly state that the medicine was for occasional use. The manager confirmed this would be reviewed to ensure there are clear guidelines to follow when an 'as required' medicine is prescribed.

Care and support plans included a range of risk assessments to identify specific risks and how these were to be managed. This showed the provider had identified, assessed and sought to manage risks relating to health, welfare and safety of people who used the service. Potential behaviour issues were identified with risk assessments in place to address them.

The home completed a care plan from the initial assessment which was later developed and added to as staff gathered further information about the person and their needs.

We checked the recruitment files for staff and the appropriate documentation was in place. The provider followed a robust recruitment procedure. The service used filter questions which are a screening tool to identify applicants suitable for interview.

Staff told us they were aware of how to protect people from potential abuse. They were able to describe indicators of abuse and knew how to respond and who to report concerns to. The local authority safeguarding information was available to assist staff to know how to report a safeguarding concern. Staff told us they would have no hesitation in reporting a safeguarding concern or raising issues about poor standards of care.

Staff told us they operated as 'key worker' to individual people who use the service. This meant that they were the initial contact for families and professionals who visit the service. However, this had been difficult recently due to changes in the staff team. The service was actively recruiting for staff, the service does not use agency staff but have their own bank staff. We observed that staffing levels were adequate on the day of our visit.

Staff were aware of the service's whistleblowing procedure. Whistle blowing allows staff to raise concerns they may have outside of the service or to a senior manager.

There was an accident and incident log in place and any reported incidents were documented appropriately. The service also operated a de-briefing record following any incidents of challenging behaviour. Its approach helped people understand what has happened during a crisis situation and find ways of dealing with it. It is a clear concise record of the incident and how staff have assisted the person in dealing with the event. It is useful in that it explores other strategies in helping the person understand what happened and why. Furthermore, it is a non blaming and supportive approach that allows individuals to feel they can discuss any issues with staff. This in turn encourages people to explore their feelings with staff enabling them to identify coping strategies in difficult situations.

The care staff had the responsibility of ensuring the home is clean they also had the additional help of the people who live in the home. This was overseen by the registered manager to ensure the premises remain clean and tidy.

Is the service effective?

Our findings

The premises were safe and suitable for the people who lived there, for example people could have access to the stairs and the outside garden area. There was no one with any mobility problems that may have had safety issues regarding stairs and outside areas.

The home had a relaxed and comfortable atmosphere. The décor and redecoration was decided in conjunction with the people who lived in the house, people were consulted about the colour scheme and additional furnishings.

We spoke with three members of the staff team. They told us they felt supported through supervisions and training to carry out their role. We saw a schedule which showed supervision sessions booked and undertaken to confirm this. The service ensured that staff had personal and emotional support to enable them to deliver interventions effectively for people with learning difficulties and behaviour that challenges. They felt able to seek help for difficulties arising from working with people with a learning disability. Staff confirmed that they were able to approach the registered manager if they felt they needed to.

There were regular staff meetings held by the registered manager, any concerns or suggestions were put forward and these were acted upon in a timely manner. For example, staff had suggested to have Makaton training. Makaton is a language programme using signs and symbols to help people communicate. The registered manager has acknowledged this and is sourcing training venues.

Staff provided details of training they had undertaken. This included training which enabled them to understand the specific needs of different individuals they supported. For example, a member of staff had attended an epilepsy course. This meant that the needs of the people diagnosed with epilepsy could be effectively met. Through staff knowledge and training, treatment and management of this condition would enhance outcomes should a situation occur that required immediate intervention.

Staff received an induction when starting work in the home. This covered areas such as infection control, health and safety, diet and nutrition as well as others. The training records we viewed showed staff were provided with appropriate training and regular updates as required by the homes training policy.

Potential members of staff were invited to spend half a day in the house to see how they got on with the other members of the team. Factors such as personality composition are associated with sustained high quality care for people with learning difficulties and behaviours that challenge. The service ensured that staff who work with people with learning disabilities had a good rapport within the team. Furthermore, the service was aware that personality conflicts may be 'picked up' by the people living in the home and thereby cause them to feel anxious or worried. The staff had good interactions within the team this in turn had a positive impact on people who live there. It was evident that the service was committed to providing high quality care for people who live in the home.

People were supported with their food and drink. People were actively involved in choosing the menu and shopping for the food as well as helping to cook it. We observed lunch time and saw people being involved in the preparation and cooking of their meal. This encourages independence and choice, which in turn allowed people to feel they were in a home-like environment whilst being supported as needed. We observed laughter and chatter between staff and the people living in the home whilst the food was being prepared and cooked.

We spoke with staff about the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. They understood their purpose and what their own role was in putting them into practice. We were told at our visit that there were no people with a deprivation of liberty authorisation in place. However, applications have been made but have not yet been authorised.

We could not find evidence of consent to care in the care plans we looked at. This was discussed with the manager and they informed us that the care plans were currently under review and the structure of the care plans was in the process of being changed. However, this was working progress and we had not seen the new format at our visit.

Some people had behaviours that can become challenging, however staff knew the people and were aware of certain situations that may trigger challenging

Is the service effective?

behaviour. For example, when we arrived one person living in the home became suspicious of our presence. The member of staff was aware of this and directed the person to a quiet place. This allowed them to have time to adjust to something 'different' happening in the home.

The services awareness and identification of training needs for staff working with challenging behaviours, ensured people felt both safe and supported in their environment. This supports the homes philosophy of the recognition that every member of staff deserves the highest level of training and mentoring, to ensure they attain the skills required to confidently support individuals and to feel valued and involved.

Written behaviour support plans for people with learning disabilities and behaviour that challenges were in place. These were designed to improve the person's quality of life and remove the conditions likely to promote those

behaviours. For example, the person who was aware something was 'happening' that was different to their daily routine had a support plan to identify how certain situations may cause their behaviour to challenge.

The service was committed to promoting a healthy lifestyle by developing Health Action Plans, supporting individuals to achieve full access to health services and developing close links with healthcare providers. We saw evidence of this when appointments were booked for people to visit doctors and dentist as necessary. We saw evidence that people who used the service had ready access to community health services, for example, GPs dentists and opticians. This meant that people were supported to maintain their physical health and well being.

Social care professionals told us they found the service professional and responsive. A psychologist who regularly visits the service reported that staff and the support provided are professional and tailored to each individual.

Is the service caring?

Our findings

Staff had time to talk to people and respond to their needs, people clearly enjoyed the interaction they had with staff. People had their own rooms as well as the benefit of spacious communal areas where they could watch television or listen to music. People's dignity was maintained by staff knocking on people's door and waiting before entering.

We spoke with one person who used the service and was able to observe one other person who had more complex communication needs. The person we were able to speak with said they liked living in the home and were able to be as independent as possible, for example, when we first arrived the person offered us a cup of tea and took great pleasure in making the drink under the supervision of a member of staff.

We observed interaction between staff and people who used the service and found staff were patient and respectful. For example, a person with communication difficulties was trying to switch the television on and was becoming upset and agitated as they were unable to do this. A member of staff was able to assist them in switching on the television and interacted with the person in such a way that the person's anxiety was reduced and the situation was calmly resolved.

Good communication between support staff and the people living in the home was evident, the support worker knew the person well enough to realise that our presence had a negative impact on them. The member of staff reported that the person was suspicious of our presence and they were worried why we were visiting. The member of staff took time to explain why we were visiting and reassured them.

Staff were caring and kind to the people they supported and this was evident in the atmosphere of the home. Staff engaged positively with people and promoted their choices and dignity. For example, some people wanted to remain in their room and get ready for the day when they wanted to, the home clearly promoted choice and this was respected by staff.

This was reflected in the vision that the service embraced of enhancing the self-esteem and self worth of the people by listening to them, enabling them to find their own voice and respecting their rights and choices.

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Is the service responsive?

Our findings

Information from complaints and compliments were not available at the time of our visit however, we have since received this information. People were able to provide feedback either via direct contact with the provider or by way of family meetings. The company was in the process of reviewing the policies as part of their commitment to continuous improvement.

The service had support from a visiting Learning Disability nurse who can assess and advise on any areas of concern. A psychologist also visits the service to offer support and advice to both staff and the people who live there.

We were told about and could see evidence of a range of social and leisure activities being accessed in the community. Some of the people living in the home go to a mainstream college that had specialist support for the people who require this. Others who are not as independent are asked what they would like to do each day and the support worker endeavoured to accommodate this. The activity coordinator was in the process of finding ways to source activities and ideas that are of interest to the people living in the home. The service is committed to delivering innovative, therapeutic and individualised activities to include further education and work opportunities as well as having fun. This was evident on the

day of our visit, we observed people getting prepared to go to the shops with the support worker to have a day out window shopping, this was the person's choice about how they wanted to spend the day.

Some care environments increase the likelihood of behaviour that challenges. However, the opportunities for people living in the home took this into account when planning activities. For example, allowing the individual to guide the plan of the day embraces the services commitment to provide opportunities for people to have individualised activities, people who's choice of activity is to spend the day alone in their room are able to do this without feeling that they have to join in group activities. This supports the services view that people with learning disabilities should have the freedom to choose what they want to do on a daily basis rather than having planned activities that they may not be able to adhere to. There was a good rapport between staff and people they supported. Staff had a good understanding of the individual needs and preferences of the people they supported. This enabled them to provide care in such a way which respected and supported people's diversity, values and human rights. Documents showed regular conversations were held with families with regard to any changes in health or information that is important to families, such as any changes in the management or running of the service. Likewise families are encouraged to contact the home whenever they want to, some families had weekly updates from staff about the well being of their family member.

Is the service well-led?

Our findings

The service worked in partnership with other professionals involved in care including a psychologist, learning disability nurse and the local G.P. People staff and families were empowered to contribute to the service by way of family forum meetings, staff meetings and surveys. People had been supported to maintain links with the local community through attending colleges and sports based activities, one person had requested a job volunteering with animals. The service had worked to arrange this, this will benefit any future jobs and give the person a sense of responsibility.

The registered manager had a specific interest and training in autism, they regularly worked alongside staff which gave them an insight into the specific needs of individuals diagnosed with this condition.

There was an accident and incident log in place and any reported incidents were documented appropriately.

A family satisfaction questionnaire was sent out to families to indicate their satisfaction or any comments they may have. The response rate was 30%, the responses were positive with no other comments than one which was a

request for more activities and another for more communication between the staff and the family member. Both had been addressed by way of agreed regular contact and more planned activities. The next questionnaire was due to be sent out the beginning of the new year 2016. The managing director had also confirmed they available at any time for families to contact them with any comments, concerns or suggestions.

The registered manager was in the process of reviewing and updating policies and procedures to ensure they were relevant to the service. They are also changing the structure of the care plans this will ensure they are more tailored and specific to each person's needs who live in the home.

Staff told us the manager had an open door policy and they could speak with them at any time. Audits were carried out monthly to ensure area for improvement can be identified. This in turn will drive improvements throughout the service.

The quality of the service was monitored by regular reviews with families any suggestions or comments would be actioned from these meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.