

New Leaf Care Limited

New Leaf Care

Inspection report

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Date of inspection visit:
09 December 2021
10 December 2021

Date of publication:
30 December 2021

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

New Leaf Care is a domiciliary care agency which provides personal care and support to older adults. At the time of the inspection four people were receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks where possible. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks.

People's needs were comprehensively assessed before starting with the service; people and their relatives had been involved in the care planning process. Staff had developed supportive relationships with people and knew them well; people received person-centred care as a result. Staff supported people to access healthcare professionals when required and supported some people to manage their medicines safely.

Systems were in place to recruit staff safely. Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and received regular feedback; staff we spoke with confirmed this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. People and their relatives were complimentary about the staff and their caring attitude.

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future. The registered manager and staff were committed to providing high quality care and support for people.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe and effective.

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

Rating at last inspection

This service was registered with us on 3 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

New Leaf Care

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 was carried out by one inspector.

Service and service type

New Leaf Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 it is a small service and 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since registering with CQC and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the only two members of staff who were employed by the service at the time of the

inspection; one was the registered manager who was also the director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the other director, who, along with the registered manager was also providing care to people.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and processes were in place to help safeguard people from the risk of abuse. No safeguarding concerns had been identified, and a system for logging and investigating any safeguarding concerns was in place.
- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People's relatives spoke very positively about the care staff provided. One relative told us, "Absolutely [my relative] is in safe hands; they are very professional, and I can't fault them." A second relative said, "I feel [my relative] is in safe hands at all times."

Assessing risk, safety monitoring and management

- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take.
- Risks to people's safety were identified and managed well.
- The service had a system for recording and monitoring accidents and incidents.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.

Staffing and recruitment

- There were enough staff employed to meet people's assessed needs.
- Robust recruitment processes were in place to ensure staff were recruited to the service in a safe way; staff had the necessary safety checks in place before starting work.
- Staff were required to complete a period induction, shadowing other staff and getting to know people before starting to work alone. One staff member told us, "I followed a full recruitment programme and did training against the company competencies and additional training and was observed before working alone."
- There were enough staff employed to meet people's assessed needs and a contingency plan was in place in the event of staff loss.
- Other than the registered manager and director who also delivered care to people, no additional staff had been recruited since first registering with the Commission; the service was very small and had only recently started providing a regulated activity to people.

Using medicines safely

- Medicines were managed safely and there was an up to date policy and procedure in place.
- Staff completed appropriate training and had their competence assessed to ensure they administered medicines safely. Staff described to us the process of administering medicines, the types of things that would constitute a medicine administration error, and the action they would take in response.
- Clear information about people's requirements with regard to medicines was identified in their care plans. One relative told us, "I have no concerns about medicines and staff prompt [my relative] to take these." A second relative said, "I'm happy with medicines, there are no issues here. Staff don't give a medicine unless it has been prescribed by the GP."

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place and staff testing kits which we saw in the office premises. Staff understood the protocols for wearing PPE appropriately when supporting people, and when visiting the office premises.
- People and their relatives confirmed staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- Additional training had been done in the donning and doffing of PPE and government updates had been communicated to staff.

Learning lessons when things go wrong

- The provider had a process in place to ensure lessons were learned from issues such as accidents, incidents, complaints and safeguarding concerns. However, we saw no complaints, accidents or safeguarding's had occurred in the short period the provider had been operating the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed prior to a service being started. Relatives told us they were involved in assessment discussions, one relative told us, "We talk all the time about [my relatives'] needs but [my relative] has capacity and decides for herself." A second relative said, "We had a meeting at the beginning and just before New Leaf Care started; we met in [my relatives] own home and talked about [their] needs. We went through everything."
- Care plans included relevant health and personal information to help inform care provision.
- People's needs and choices were clearly documented.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and had the skills and training to meet their needs. One relative told us, "Staff definitely know what they are doing. I had a discussion with [registered manager name] about [my relatives'] conditions and she was very knowledgeable." Staff received appropriate training to help them deliver a safe service to people.
- A well-developed induction programme was in place for any staff who would be recruited in the future which they would be expected to complete and would be given a staff handbook to help track progress against the required competencies. The handbook included reference to whistleblowing, disciplinary and grievance processes as well as a staff code of conduct.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported some people to maintain a diet of their choosing; support was provided dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- Detailed records were kept of the support provided to people each day. Staff had received training in nutrition and hydration. A relative told us, "Staff are absolutely very caring and thoughtful and talk things through with me. [Registered manager name] was very good at suggesting what to eat due to [my relatives'] poor appetite and very much treating [my relative] as an individual."
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.
- A relative told us, "I'm very happy and satisfied with all aspects of care; staff seem genuine to me."

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.

- The service was working within the principles of the MCA. People were encouraged to make decisions for themselves and were provided with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people, who had agreed with the content. One staff member said, "You should always assume people have capacity to make their own decisions unless legally proven otherwise and capacity is decision specific."
- Care plans recorded if people had an appointed Power of Attorney for health and welfare or finances. At the time of the inspection no-one was being deprived of their liberty in their own home.
- We discussed with the registered manager, the importance of ensuring staff received updated training in MCA/DoLS due to changes in legislation contained in the Mental Capacity (Amendment) Act 2019, scheduled to come into force in April 2022 to replace the Deprivation of Liberty Safeguards. The registered manager acknowledged this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's relatives told us staff treated people well, and their equality and diversity respected. One relative told us, "I see [registered manager name] regularly and have arranged to meet her next week and we are going to have coffee and chat with [my relative]. The service has been a breath of fresh air; nothing has been too much trouble, and staff attend when they should do, always wearing masks and gowns when they visit."
- The service had an appropriate equality and diversity policy and procedure in place and staff completed training in this area.
- The service user guide included information about the service's standards and values and had equal opportunities information within it. People and their relatives were fully involved in making decisions about their care and support.
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements. Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled them to fully participate and make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "[Registered manager name] is a wonderful person; [my relative] is always clean and they clean the bedsheets and make sure the home environment is clean and tidy. She also supports the family." A second relative said, "There is nothing I can think of to moan about. [My relative] is really content with staff doing the bits and pieces that he doesn't want me to do."
- Staff described to us the ways in which they maintained a person's dignity when providing personal care, such as always talking to the person and gaining their permission to support them.
- Staff supported people in maintaining their independence by encouraging them to do what they could for themselves. For example, daily living tasks and support with hobbies and interests.
- Relatives we spoke with told us they always felt listened to and could contact the office without any problems at any time. They also told us their relatives were also listened to, without exception. A relative told us, "Staff are very caring and kind. I was really worried about who [my relative] would get to support them, but I couldn't ask for a nicer person than [registered manager name] to sit me down and talk about everything and engage with [my relative]. All of us are involved and they are what they say they are; they go above and beyond, and the staff stay longer than the allocated time and this has put my mind at rest. If I needed care, I would want New Leaf Care myself; I take my hat off to them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were very person-centred and contained specific individual details about people, how they wanted to be supported and the outcomes to be achieved. Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People and their relatives were involved in care planning and reviews of care. A relative told us, "Staff keep in touch regularly, and if there are any changes in [my relatives] care they will call me; I'm confident they would ring me and I have a number for the office."
- People's care plans detailed their strengths and areas of independence, reflected their abilities and needs and how they wished their needs to be met.
- The service regularly reviewed care plans to ensure all information was accurate and up to date. This ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

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 communication needs were explored as part of a care consultation and review process, during which the service continually looked at how to support people to have access to information. Documentation could be produced, for example, in larger print for people with sight problems.
 - People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person.
- Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- People and their relatives could 'sign up' for the New Leaf newsletter for the latest updates, offers and resources, for example in relation to living well, mental wellbeing and healthy eating. The provider website also had a link to the latest government guidance on COVID-19 and other relevant organisations such as Age UK.
 - None of the four people being supported at the time of the inspection, had identified a need for staff to support them to access the community and their views on social, cultural and leisure activities had been recorded in their care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. The service had not received any complaints or concerns since they had registered with the CQC.
- The service was available to people at all times, with an on-call facility out of working hours, to ensure they could deal with any concerns or issues promptly. A relative told us, "I've had no reason to make a complaint and the registered manager has said I can phone them at any time day and night."

End of life care and support

- Where people had consented, specific care plans were in place which detailed their wishes for this stage of their life and how they wanted to be cared for.
- The service worked closely with local palliative care teams, GP's and district nursing teams to support people's choice to remain within their home and receive palliative care. A relative said, "The end of life team are fully involved and do daily visits to [my relative] and also speak to us. New Leaf Care do make sure [my relative] continues to eat well."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The service promoted openness and honesty in all its policies and procedures. Staff had close contact with people's relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong. One relative told us, "I feel staff are genuinely caring and lovely people. All of us are involved and they have never once left [my relative] in a bad condition."
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.
- Staff said the registered manager was approachable and available should they need to raise any concerns. One staff member said, "I think the registered manager is fair, and I can discuss anything, put forward suggestions and I am listened to. A totally approachable person, the registered manager is very supportive, and we have regular dialogue. She is non-judgemental, and I think she is doing really well."

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

- Staff understood the importance of their roles and responsibilities and their performance was monitored. The provider recognised and valued the hard work and commitment of staff.
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

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

- The registered manager encouraged everyone involved with the service to express their views on a day to day basis about how it was operated. Each person was supported by familiar and regular staff who ensured as far as they were able, that the person's views were considered.
- The staff team worked continuously to improve and develop the quality of the service provided to each person. A relative told us, "We are all involved in care planning and everything is discussed, agreed and documented."
- Staff we spoke with felt valued and supported by the registered manager; they were clear about the

culture of the organisation and what was expected from them.

- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes.