

Leaf Care Services Ltd

Leaf Homecare and Support Services

Inspection report

Unit 4 - St Benedicts View
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Tel: 01603618111

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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

Leaf Homecare and Support Services provides care for people in their own homes. The service can provide care for people of all ages including people with a physical disability, special sensory needs and a learning disability. It can also provide care for people who have difficulties with their mental health and for people who live with dementia. At the time of our inspection the service was providing care for 140 people most of whom were older people. The service has its office in Norwich and covers north Norfolk, Norwich, Broadland, Great Yarmouth and surrounding villages.

Staff knew how to recognise and report any concerns so that people were kept safe from abuse. People were helped to avoid having accidents and they were assisted to safely use medicines. There were enough staff to enable most of the planned visits to be completed on time and background checks had been completed before new staff had been appointed.

Staff knew how to care for people in the right way and they had received all of the training and support they needed. People had been supported to eat and drink enough and they had been helped to access any healthcare services they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This law is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People and their relatives said that staff were kind, caring and compassionate. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and had been supported to pursue their interests and hobbies. There were arrangements in place to quickly and fairly resolve complaints.

People had been consulted about the development of the service and regular quality checks had been completed. The service was run in an open and relaxed way, there was good team work and staff were supported to speak out if they had any concerns about poor practice. People had benefited from staff acting upon good practice guidance.

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.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

There were enough staff to complete all of the planned visits so that people could receive the care they needed.

Staff assisted people to manage their medicines safely.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered manager and staff were following the MCA.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind, caring and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Good ●

The service was well-led.

Quality checks had ensured that people reliably received all of the care they needed.

People had been invited to contribute to the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Leaf Homecare and Support Services

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 registered persons were 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered manager had sent us in the preceding 12 months. We also spoke by telephone with 15 people who used the service and with six of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with seven members of staff (care workers) who provided care for people.

We visited the administrative office of the service on 23 March 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the registered manager and the operations manager. We also spoke with three care managers each of whom was responsible for organising the visits completed by their teams of care workers. In addition, we examined records relating to how the service was run including visit times, staffing, training and quality assurance.

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. A person said, "I really look forward to seeing the staff because they're a friendly face and it means I'm not on my own." Relatives were reassured that their family members were safe. One of them said, "I'm very pleased that the staff go in to see my family member because I know that someone is keeping an eye on them to make sure that they're okay."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We saw that the registered manager had taken appropriate action when there had been concerns that someone might be at risk of harm. An example of this involved the registered manager seeking advice from the local safeguarding authority when staff had become concerned that a person's relative was not correctly supporting them to manage their nutrition. This action had enabled the local authority to establish if any further steps needed to be taken to protect the person from the risk of experiencing care that was not safe.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this involved staff liaising with health and social care professionals so that people who had reduced mobility could be safe and comfortable when changing position. This included people benefiting from having special hoists that were adapted for their particular needs.

We noted that the registered manager had systems in place so that if an accident or near miss occurred steps could quickly be taken to help prevent the same thing from happening again. Records showed that an example of this had occurred when staff had noticed that someone who had reduced mobility was at risk of falling. This was because they were attempting to walk without using the special equipment that had been provided for them. We noted that staff had consulted with the person's relatives and with their social worker to determine what additional assistance could be given to reduce the risk of the person having an accident. In relation to managing risk a relative said, "I've been quite impressed in that the staff don't just go through the motions, they're genuinely helpful and caring. In the past they've contacted me if they've been concerned about something when it's not part of their job."

Records showed that staff had received training and support to enable them to assist people to use medicines as intended by their doctors. People said and records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. A person said, "The staff are good in that they take the right medicines out of the packet for me and politely remind me to take them. They also help me with putting cream on my legs which I can't do for myself."

We found that there were enough staff to reliably complete all of the visits that had been planned. We noted that staff usually worked in the area where they lived with each care worker being allocated a number of visits to complete at particular times each day. We examined records of eight visits completed by staff for three people in the two weeks before our inspection visit. They showed that all of the visits had been undertaken and that staff had remained in people's homes for the correct amount of time. The records also showed that seven of the visits had been started on time while in the case of the eighth visit the member of staff had been a little late. The way in which most visits were being completed helped to reassure people that their care was going to be provided in line with their expectations. When speaking about this a person told us, "In general the time keeping is pretty good. I've never had a missed visit and on most occasions the visits are on time. They'll always be an odd day when they're running late but it's not a significant problem." A relative said, "I think that the service is quite well organised in that I've found the staff to be reliable and some of them think nothing of doing little extras for my family members such as getting in a bit of shopping for them."

We examined the background checks that the registered manager had completed before two members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included staff completing a number of exercises to demonstrate their competency in line with the national standard required by the Care Certificate. An example of this was the way in which new staff had been carefully observed when administering medicines and when assisting people who lived with reduced mobility. This had been done to check that they had benefited from their training and were competent to care for people.

We also noted that established staff had been provided with the refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples included staff having the knowledge and skills they needed to help people to promote their continence and to achieve good standards of hygiene so as to reduce the risk of people acquiring infections. A person talking about this matter said, "I have my main care workers and they know me very well. Sometimes if there's a member of staff filling in when my usual people aren't available I may have to explain a bit to them but it's not a major problem."

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. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to deal with official correspondence so that bills did not mount up and become a problem. Records showed that another example had involved staff gently encouraging people to make the right decisions to enable them to stay safe by always wearing their emergency pendant. These devices enable someone to call for assistance if they experience a fall and cannot reach the telephone. In connection with this a person said, "My care worker is a love because she always nags me about making sure I've got the pendant on. I sometimes don't bother with it but I don't tell her because I know that she worries about me."

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions

were taken in people's best interests. An example of this involved the registered manager liaising with a relative and with healthcare professionals after staff had become concerned that a person who lacked mental capacity was at risk. This was because they were not suitably securing their home at night and so were placing themselves at risk. We noted that as a result of this action steps had been taken to establish what further measures needed to be taken to ensure that the person was supported in the right way so that their best interests were promoted. A relative commented about this and said, "The staff have contacted me several times when there's been an issue such as mother not using her toaster in a safe way. I really do appreciate this. It's not how I imagined a home care service to be, it's much more than staff just doing their visits and that's that."

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. A relative said, "My family member tells me about all of the help the staff give them to make their meals and this assistance means that they're having enough to eat and drink which I think is really important for keeping them in good health."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative expressing appreciation about this matter said, "The other week the staff contacted my family member's doctor because they found my family member to be unwell and then they made arrangements to stay longer until the ambulance arrived. That's got to be the sign of a good service hasn't it."

Is the service caring?

Our findings

All of the people who used the service with whom we spoke were positive about the quality of care they received. One of them said, "In general I am pleased with the care I get from Leaf Homecare because the staff are cheerful and just nice to have around." Another person said, "I see my care worker more as family than a member of staff. We have a chat, they tell me about their family and what their children are doing at college. I'd miss that so much if they didn't call to see me." Relatives were similarly complimentary and one of them said, "I don't have to worry about my family member because I know that the staff are going in and I trust them completely."

People said they were treated with respect and with kindness. An example of this was a person who said, "The staff are fine with me, even the younger ones are lovely and kind." Another example was a person who told us, "It is a job of course to them but at the same time the staff are genuinely caring and do little extras. They don't get paid for it and most times no one knows they're doing it, but I do and I'm grateful."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. In addition to this we noted that staff recognised that some people needed extra assistance to buy presents for people to give to members of their family. A person mentioned this saying, "My care worker helped me order a gift for my granddaughter and then picked it up for me and all in their own time. That's the sort of people the staff are."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were scanned into and stored securely in the service's computer system. This system was password protected and so could only be accessed by

authorised staff.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to regularly meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, "I think I see someone senior from the office about twice a year and they ask me how I'm doing and am I satisfied with the care I receive. I've said that I am very satisfied with the help I get although the occasional visit can be late starting."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. Speaking about the assistance they received a person told us, "Over time me and my care worker have worked out our own ways of getting things done. Yes they do all my care for me but as important to me is sitting and having a chat over a cup of tea." We examined records of the tasks three different staff had completed during 10 recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. An example of this involved a member of staff describing how they used their knowledge of the person to establish when they wanted something for which they were not able to clearly ask. They said that during a recent visit they noticed that the person was pointing in a concerned way to a clock that was on their kitchen wall. The member of staff said that they noticed the clock was showing the wrong time because the battery was running down. The member of staff said that once the battery was changed and the time corrected the person smiled and pointed several times to hands moving around the dial.

In addition, staff knew how to effectively support people who could become distressed. A member of staff illustrated this by describing how they reassured a person when they became anxious. This involved sitting quietly with the person, giving them a cup of tea and chatting about subjects such as their favourite television programmes.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example of this involved the way in which people had been consulted about the gender of the staff who provided them with close personal care. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend someone by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved some people being supported to go shopping. Other examples involved staff re-arranging the times of visits so that people could attend events such as social clubs and family gatherings. A relative said, "When I've had to change visit times because I'm going into town with my family member the staff are very accommodating."

The staff like to be told in advance which is fair enough."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered manager aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered manager had received two complaints. We found that in each case the registered manager had promptly investigated each of the concerns. This had included speaking at length with the members of staff involved and examining relevant records. We noted that on both occasions the registered manager had corresponded with the complainants to tell them what conclusions had been reached. In addition, the registered manager had explained what improvements they had introduced to help prevent similar concerns from arising in the future.

Is the service well-led?

Our findings

We saw that senior staff had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included reviewing records of the care that had been provided to confirm that that people's medicines were being safely managed and that people were correctly receiving all of the assistance they needed and wanted. Records also showed that senior staff were regularly completing 'spot checks'. These were usually unannounced and involved a senior colleague calling to a person's home while a care worker was completing a visit. Records showed that during these spot checks the senior member of staff consulted with the person using the service and observed how well their care was being provided. A person speaking about these checks said, "I don't mind someone coming from the office to check on the staff but there's no need really because the staff are fine with me."

In addition, records showed that the registered manager had arranged for an external quality assurance consultant to complete an annual inspection of the service. This had been done so that an independent person could establish how well the service was being managed and could give advice about any improvements that may be necessary. We noted that developments recommended by the quality assurance consultant had been acted upon. An example of this was the way in which more robust arrangements had been introduced to ensure that all medicines administered by staff remained within their 'use by' date and so were safe to use.

People said that they were asked for their views about the care they received as part of the everyday conversations they had with staff. A person spoke about this when they said, "I look forward to my care worker calling because we have a good old chat. I can tell her if I have any concerns. In the past she has passed on to the office staff a request I made to change the time of one of my visits". In addition, records showed that people had been invited to complete an annual quality assurance questionnaire to give their views about how the service could be further improved. We noted that action had been taken to introduce suggested improvements. An example of this was new arrangements that had been made to better inform people about the various quality checks that were in place to ensure that they continued to receive a safe and reliable service. This included explaining checks completed both internally by the registered manager and those completed by regulators such as the Care Quality Commission.

People said that they knew who the registered manager was and that they were helpful. We noted that the registered manager and the operations manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. One of these measures involved there always being a senior colleague on call if staff needed advice during the evenings, nights and weekends. Staff told us about another measure when they described how they always read the records that were kept in each person's home. These described the care that had been provided and noted

any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's changing needs.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were well supported by the registered manager and senior staff. They also said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered manager recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which the registered manager had worked closely with a specialist team of health and social care professionals to develop personalised and imaginative care plans for people who lived with dementia. The people concerned had complex needs for care and needed assistance that required a number of agencies to work together. We noted that the registered manager had ensured that her staff actively contributed to delivering the care in question so that people could benefit from receiving assistance that recognised their special needs and which promoted their dignity.