

LEAF Complex Care Limited

Leaf Complex Care Exeter

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Leaf Complex Care Exeter is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. The service specialises in providing bespoke, long term complex care packages to support younger people with needs such as learning disability and autism. The service operates wherever people need support in Devon. At the time of our inspection, three people were receiving a 24 hour personal care service.

People's experience of using this service:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. This enabled people to live the life they chose. The provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences.

Staff worked together in a mutually supportive way and communicated effectively, internally with each other and externally with a range of organisations. This included working in the same office as the Learning Disability Network. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff were kind and attentive in their approach and were committed to supporting people to maintain their independence. Staff worked in a non-discriminatory way and promoted people's dignity and privacy.

Staff worked collaboratively with local health and social care services to ensure people had access to any support they required.

Systems were in place to ensure effective infection prevention and control. People's medicines were managed safely in line with their individual needs and preferences.

People were provided with food and drink of their choice which met their nutritional requirements and promoted healthy eating.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment practice was safe.

The registered manager provided open, person-led leadership and was respected and admired by her team. With their personal experience of the service user group, they were clearly passionate about ensuring people lived their best lives.

There was monitoring of the quality and safety of the service. A new Head of Quality and Compliance was working with the registered manager to devise tools to streamline and simplify auditing as the service grew. As a small new service the registered manager and provider were keen to learn. They worked with local commissioners and other organisations, sharing within the wider provider services. There had not been any concerns or complaints but there were policies in place and we saw good communication between the service and peoples' families. The provider was committed to the continuous improvement of the service in the future.

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

Why we inspected:

The service was registered with the Care Quality Commission in January 2019. This was our first inspection of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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.

Leaf Complex Care Exeter

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Our inspection was conducted by one inspector.

Service and service type:

Leaf Complex Care Exeter is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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 notice of the inspection visit. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Our inspector visited the office on 1 July 2021 to meet the management team and to review care records and other documentation. On 7 July 2021, we visited one person receiving support having asked for their consent and supported by the registered manager and a staff member.

What we did:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about). We used all of this information to plan our inspection.

During our inspection we met with one person to ask about their experience of the care provided. We also received feedback from two family members, the registered manager, the new nominated individual, the

new head of quality and compliance and one care worker. We reviewed a range of written records including two people's care plans, three staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a further two care workers via email.

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.

Staffing and recruitment

- The service specialised in bespoke, complex care packages usually over 24 hours. Each package was discussed fully with the person and their families before support commenced. A core team of staff were introduced to the person and their families to ensure they were a good match. A local learning disability nurse commented, "Leaf have been fantastic for [person's name] in so many ways. Having a strong core team has been extremely important for his wellbeing, mental health and management of behaviour which could challenge." There were currently nine care staff known as 'practitioners'.
- To further promote people's feelings of safety and wellbeing, any new staff spent time with the core team and the person before providing care to ensure they knew the person's needs and were familiar to the person. The registered manager spent time with new staff to ensure they knew how to meet people's needs and so that they could facilitate relationship building.
- There were clear handovers between each shift and care plans were detailed so that staff knew what to do. A staff member told us, "[Person's name] is settled and happy because they have staff who know him well. We always have enough staff so he can do what he wants to do, such as use his car and go out."
- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. Staff were recruited for particular care packages. We reviewed recent recruitment decisions and saw the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service. Pre-screening forms, interviews and recording all showed an emphasis on what was right for the people receiving support and communicating Leaf culture and values from the start. This was carried through into the staff handbook and separate induction booklet.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC. The registered manager said, "Leaf promote assertiveness in staff so they feel confident to discuss whistle blowing and safeguarding issues." Safeguarding information was also shared with people receiving support in easy read form. There had been no safeguarding concerns since the service started.
- Reflecting the provider's conscientious, person-led approach to the deployment of staff described above, families told us they felt entirely safe using the service. The person we visited looked happy and relaxed in staff company and staff were able to communicate effectively with them in a way the person understood.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, potential hazards arising from the use of particular items of

equipment and the environment. The registered manager was adding further information about what to do if there was a household emergency, for example, how to turn the water or electricity off. Risk assessments included knowledge about how people liked to keep their home and environment which is important for people living with autism. The registered manager reviewed and updated these risk assessments on a regular basis.

Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences.
- Care staff received regular medicines training and competency checks were conducted by the registered manager to ensure their knowledge and practice remained up to date.
- Regular reviewing of people's medicines and understanding their needs had clearly benefited people. One health professional said, "It is clear from the reduction in medication, lack of use of 'PRN' (as required) medicines that [person's name] is happy with their staff team. It is important for them to have a staff team that know and respect them as a person." A family member also commented, "Within six months [person's name] has already dropped one dose of their medication and soon a second with no mental illness. Their life has improved beyond measure due to the skilled team."

Preventing and controlling infection

- The provider and registered manager had ensured that people were as safe and protected as possible during the COVID-19 pandemic. They had followed government guidance and used personal protective equipment effectively. There was a staff vaccine and testing programme with appropriate risk assessment as necessary. They ensured that people knew what was happening using easy read information and physically showed people how to keep safe themselves. People were able to keep busy and active safely and were supported to keep in touch with their family and friends.

Learning lessons when things go wrong

- The registered manager reviewed events which had occurred in the service and took action to reduce the risk to people's safety and wellbeing in the future. For example, to manage when core staff were absent for sickness or leave, a 'grab' sheet had been devised to easily show people's routines so staff could reduce the risk of anxiety for people. The registered manager was very knowledgeable about people's needs and also stepped in to cover shifts where needed and supported those staff.

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, relatives and staff feedback confirmed this.

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

- Effective systems were in place to assess and determine people's individual needs and preferences before the care package started. Families were encouraged to share details of people's needs, what worked and what didn't from their experience.
- Staff profiles were shared to facilitate relationship building, for example showing individual staff skills, interests and a photograph.
- Assessment information was set out in each person's care plan and added to as staff got to know people better. These were reviewed regularly by the registered manager and a spreadsheet was being devised to enable easy auditing as the service grew.
- Some people had complex health needs. Staff were knowledgeable about how these affected individuals and the registered manager was ensuring that written information about certain syndromes, for example were placed in the documentation in people's homes rather than only in the office.
- The service was in the same office as the Learning Disability Network so they were able to share learning and advice. (A local partner which supports people with learning disabilities and offers advice and training). The registered manager used a variety of online and other information sources to ensure she and her team were aware of any changes to good practice guidance and legislative requirements.

Staff support: induction, training, skills and experience

- Staff said the training was very thorough and some of the best around. They commented that the self directed e-learning was also very good, detailed and got them to think from the person's perspective. Another staff member said, "I have found all the training very helpful and comprehensive, giving me confidence with what was expected of me and my role before I carried out my duties." An in-house trainer provided face to face training, with all staff completing specialist de-escalation/hands off training, for example. One family member commented at a health professionals meeting saying the staff instilled great confidence in them and they felt reassured by the staff team as they had [person's name]'s best interests at heart.
- The provider maintained a record of each staff member's mandatory training requirements and organised a variety of courses to meet their needs. Additional training reflecting individuals needs was also being included in the care assessment and care plan to ensure staff had these particular skills. For example, oxygen therapy training and emergency epileptic medication administration. A behaviour analyst was a new role in the company, who would be able to visit staff to advise and discuss effective ways to support people if necessary.
- New recruits participated in a structured induction programme which included a period of shadowing with the registered manager before they started working on their own. If required, new staff also undertook the

national Care Certificate which sets out common induction standards for new social care staff.

- All registered managers in the company were members of Skills for Care, a national training resource. They met regularly to discuss learning and training needs. For example, during our inspection registered managers from across the provider services were meeting in Exeter. The registered manager said they had recently discussed learning about how to support trans and non-binary people.
- The registered manager provided staff with regular office-based supervision and observation of their care practice. Describing the accessible, supportive approach of the registered manager, one member of staff said, "When I have come up against any challenges or queries, [registered manager's name] has been at the end of the phone to help either answer or find the right answer to them."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had forged effective working relationships with a variety of external organisations, to assist in the provision of effective care. For example, mental health teams, GPs and local learning disability nurses and engaging with multi disciplinary review meetings. One learning disability nurse feedback, "I have been impressed with the way your service has engaged in the process of taking over [this package]. This is also evidence in how happy the family are with the quality and consistency of support. [Person's name] is doing well and you [registered manager] and your team's input has been vital."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood people's individual food preferences and assisted them to enjoy food and drink of their choice. For example, one person was able to choose food from photo magnets devising their own meals and being involved in all the shopping choices.
- The registered manager was aware of potential risks relating to nutrition and hydration and took steps to address them. For example, one person had a particular relationship with food that could be negative and a detailed care plan showed how this was managed. A family member praised staff innovation and we saw how the person's health and choices had improved with collaborative input from a knowledgeable staff team.

Supporting people to live healthier lives, access healthcare services and support

- From talking to people and looking at their care records, we saw that staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services whenever this was necessary. For example, people had detailed hospital passports to ensure their routines and preferences were known by new health professionals. Additional staff were available when people required extra support for health appointments.

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. 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.

- As part of our inspection we checked whether the service was working within the principles of the MCA. Staff were provided with training in this area and, as a result, were aware of the importance of seeking consent before providing care or support. The registered manager was aware of formal best interests decision-making processes and was seeking formal confirmation of people's capacity to complete their records. None of the people receiving a service had capacity to make their own decisions. The service had completed their own mental capacity assessments but did not have documentation involving other health professionals to confirm 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; Respecting and promoting people's privacy, dignity and independence

- People using the service were not able to communicate directly. However, the person we visited looked happy and comfortable with the staff and the registered manager. Family and health professional feedback included, "The Leaf team are able to recognise [person's name]'s triggers and act accordingly. Hence why [person's name]'s behaviour has stabilised, and they are the happiest they have ever been".
- Leaf Complex Care had clear visions and values, "We run a heart-led service to enrich, empower and support the people we care for to live fulfilling lives and be a part of the community." This was re-iterated in recruitment, induction and supervisions. For example, one person liked to have the same staff member help them to bed and then wake them up so this was reflected in the staff rota as much as possible.
- This commitment to supporting people with compassion in a person-centred way was clearly understood by staff and reflected in their practice. One staff member told us, "I find Leaf to be the most caring and person centred company I have worked for during my career, with the service users and families at the heart of what we do."
- Staff were committed to encouraging people to retain their independence for as long as possible. For example, staff used clear communication in ways that people understood. There were photo boards showing which staff were due to arrive when as well as photo activity boards so people could easily choose what they wanted to do that day. One person was taking photos on their trips so they could choose to go there again.
- The registered manager encouraged people to visit the office as some people had expressed a wish to see 'where the manager lived'. They had provided 'fidget toys' and items to make an office trip a fun outing.
- Families had commented about activities they thought their loved one would not be able to achieve which were now happening. One family had been able to go on a holiday abroad for the first time as they felt reassured their loved one would be well supported by Leaf Complex Care in their absence. The registered manager said it was lovely that parents could enjoy time with their loved ones again, "They can be mum and not just an advocate now."
- Staff had worked hard to minimise anxiety for people during health appointments using communication and distraction techniques. For example, to support a person who was needle-phobic. Staff also supported people to learn about healthy food choices, and to recognise when they were thirsty. This had resulted in the person also learning some letters of the alphabet by learning pictures and names of drinks. The registered manager said, "We don't look at behaviours only, we get to know people. Now we see a cheeky, fun side to [person's name]."
- Staff understood the importance of supporting people in ways that helped maintain their privacy and dignity. For example, routine information described exactly how people liked things to be. Staff recognised

when people needed space. Staff also encouraged people to take responsibility for tasks such as helping to clean their car and promoted a sense of satisfaction and success.

- The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. Care plans were stored securely, computers were password protected and staff were provided with guidance on the use of social media.
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences. In matching people with staff, the registered manager took account of any cultural differences and was careful to ensure these were handled sensitively.
- A family care navigator role had been introduced which was available for families to navigate the care and finance systems, and gain advice and support.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager supported people to exercise choice and control over every aspect of the care and support they received. For example, choosing where to shop and what to buy. One person loved curry on Thursdays and staff were organising swimming as soon as COVID-19 restrictions allowed, which the person enjoyed.
- The registered manager was aware of local lay advocacy services and helped people obtain the support of an advocate if this was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

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

- The registered manager handled all new enquiries and referrals to the service. Describing her careful and conscientious approach in this area, the registered manager told us, "We take time to discuss everything with people and families before the service starts. We want to get it right."
- The registered manager conducted a home visit to discuss the person's needs and preferences. There was a lot of involvement with previous services, families, including siblings, and people, to ensure they knew what people's needs were and how to meet them.
- The care plans set out clearly people's needs and wishes. Details included exactly how people needed support and what they could manage independently. For example, "I like to relax in the bath for a while with the radio on. I may need warm water topping up. I like to watch the water drain before I get out."
- Describing the value of the care plans in helping them provide responsive, person-centred support, a staff member told us, "They are very helpful. We know what to do." There were some areas where staff and the registered manager knew more details than were captured in the care plans so they were auditing each care plan to ensure knowledge was fully recorded.
- The registered manager reviewed each person's care plan on a regular basis, in consultation with the person and their family.
- Reflecting the registered manager's systematic and responsive approach to care planning and introducing new clients to the service, staff had a holistic understanding of people's individual needs. For example, one person did a 'thumbs up' when asked if they had a nice life with their staff team. Staff said they helped to write the care plans, one said, "We wanted to get to know [person's name]. It's very rewarding." We saw evidence of how one person had achieved much more independence and less behaviours that could be challenging since being supported by Leaf Complex Care.

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.

- Staff were aware of people's individual communication needs and preferences and reflected this in their practice. For example, one staff member told us how they had adapted their approach to communicate more effectively with someone by listening to different verbal sounds.

Improving care quality in response to complaints or concerns

- Information on how to raise a complaint was included in the information booklet given to people and

families when they first started using the service. There had not been any complaints about the service at the time of the inspection.

- The registered manager ensured there was regular communication with families. For example especially when one family had gone on holiday, emails of reassurance had been sent so they could relax and have a good break.

End of life care and support

- No one using the service at the time of our inspection was receiving end of life care. However, information was gathered when and if appropriate on people's personal wishes and preferences in respect of this issue, should end of life care ever be required by anyone in the future.

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

- Everyone we spoke with said they thought the service was well-managed. Staff felt well supported and able to discuss any issues with the registered manager. The registered manager and her team worked closely together in a well-organised way to ensure the delivery of effective care and support. For example, at the start of the service there had been some delays in communication between staff and the registered manager as the service was small. This had been raised by staff and there was now a new supervisor role in the office and an administrator to ensure all calls were logged and dealt with in a timely way. One staff member told us, "I find [registered manager name] very accommodating and a breath of fresh air when it comes to running a care company. I have worked for a few where profit is more important than client and staff welfare. Leaf look after their clients and staff well and are the priority in the business."
- The nominated individual told us how the management team completed mental health first aid training which helped them recognise staff fatigue. This was important as staff worked intensely with named people. They were also trained in coaching, mentorship and leadership. A new staff member was being supported by the management team in working with families and learning about de-briefing, incidents and supporting staff. There had been a recent 'Difficult conversations' training day to further build confidence for staff in supporting families.
- The registered manager had previously set up the Exeter location along with a small number of staff, building the service slowly. They were closely involved in all aspects of the running of the service. Their open, person-led approach set the cultural tone within the service and was clearly respected and appreciated by her team. For example, one staff member told us, "I have, from day one, found the [registered manager] to be extremely approachable and would even go as far to say they are the most genuine, caring and transparent manager I have had the pleasure of working for."
- The registered manager was committed to promoting the welfare and happiness of the staff team in a variety of ways. For example, staff were praised for their work, there was an employee of the month, annual provider award ceremony and staff outings/family BBQs to promote team work. The service now had a new supervisor in the office and an administrator to support the registered manager. This had aided staff communication responses and enabled on-call duties to be shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving

care

- As described elsewhere in this report, the registered manager took care to involve people and their families in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. To further promote people's engagement with the service, the registered manager was in the process of developing a formal customer satisfaction survey which they intended to use to seek feedback from people and their relatives.
- The registered manager was devising a range of systems to check service quality was being maintained. Monitoring had been happening on a small scale but there was now a new Head of Compliance role in place to ensure audit processes were easier and more accessible, using trackers and spreadsheets. These included regular care plan reviews and audits of medication records and care notes. For example, following reviews training for staff on how to effectively write daily notes had been rolled out to ensure all information during a shift was recorded rather than verbal.
- The registered manager reported regularly to the nominated individual and head office in Bristol. Quality visits by the nominated individual were frequent and being made more formal with better consistency of recording as the service grew. The registered manager was committed to the continuous improvement of the service and welcomed the additional support.
- The provider used an independent consultancy firm to carry out mock inspections. The nominated individual said, "We are in it for the long haul. We want to be a company of choice."
- Success was about making a difference for people. This was evident throughout the inspection. For example, one person had gone from needing two staff to support them to one staff due to the time taken to meet their particular needs, promote independence and getting to know them well.
- As detailed throughout this report, the registered manager had established effective partnerships with a range of other professionals including GPs and nurses. Comments from health professionals had been extremely positive reflecting on the benefits evident in people's lives. For example, one person had been referred to the speech and language team (SALT) as staff had identified new verbal sounds and worked with SALT to identify their meaning. The nominated individual had also met with the local authority commissioners to explain the bespoke complex care they offered and build relationships further.
- The registered manager was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.