Leaf Care Services Ltd

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Inspection report

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Date of inspection visit:
14 January 2019

Date of publication:
27 March 2019

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

Care service description
Leaf Care Service provides care to people in their own homes. The service can provide care for people of all ages and includes supporting people living with dementia and mental health difficulties; as well as physical, learning or sensory disabilities. Since their last inspection Leaf Care Services Ltd developed its services and has divided their home care service into two branches based in Great Yarmouth and Norwich. This inspection was related to the Norwich branch which covers Norwich, Broadland and North Norfolk areas. At the time of our inspection the Norwich office was providing care for 62 people, most of whom were older people.

Leaf has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Rating at last inspection
At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Why the service is rated …

People told us they felt safe receiving the care and support provided. Staff understood and knew the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. People were supported to minimise risks in their home and were assisted to take their medicines safely. The provider used safe recruitment practices and ensured they had adequate staffing levels. Where necessary the service demonstrated they were able to analyse incidents or mistakes and make appropriate improvements.

People said the care provided was effective, with their needs and preferred outcomes appropriately assessed and recorded. The service ensured staff were suitably inducted and received ongoing training appropriate to the care provided; staff competency in key skills was routinely checked. The provider work well with health and social care professionals and supported people to live healthier lives, have a nutritious diet and receive appropriate care and treatment as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that they found the care staff to be caring and compassionate, willing to support whenever possible. Staff were skilled in promoting independence and maintaining people's dignity.

People told us their care was personalised and responsive to their needs. Complaints were usually dealt with effectively and quickly. The provider had skills in providing end of life care but had no recent experience of providing this care.

The provider had a clear vision to provide high quality personalised care and had good governance systems in place to ensure people's desired outcomes were being delivered. The provider worked well in partnership with health and social care professionals and agencies to build knowledge, develop and promote good practice. The management were open and approachable both to staff and people using the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe and remains Good.	**Good**
Is the service effective? This service was effective and remains Good.	**Good**
Is the service caring? This service was caring and remains Good.	**Good**
Is the service responsive? This service was responsive and remains Good.	**Good**
Is the service well-led? The service was well-led and remains Good.	**Good**

Leaf Care 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a comprehensive inspection which took place on 11 and 14 January 2018. The service was given 48 hours' notice because the service provides people with care in their own homes and we needed to be sure that people would be willing and available to speak with us. The inspection was completed by two inspectors.

Before the inspection we reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We gained feedback from Norfolk County Council's quality assurance team and an external professional.

During the inspection, we spoke with five people who used the services and two relatives. We met with the registered manager, provider and four members of staff. We reviewed six people's care records in detail, including medication administration records. We looked at four staff recruitment records alongside staff induction, competency, supervision and training records. We saw other documentation in relation to how the provider monitored the quality of the service, such as their annual quality assurance survey of people using the service, audits, accident and incident logs, complaints and compliments records.

Good

Is the service safe?

Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive a safe service and have rated the service good.

All the people who we spoke to reported that they felt safe with the care provided. One relative commented, "Yes I do [feel the care is safe], one particular woman comes most of the time. She's a lovely lady, she talks to [person] and talks to me. [Staff name] is wonderful."

All the staff demonstrated a clear understanding and awareness of the importance of safeguarding people from the risk of abuse or harm. They were aware of how to recognise signs of abuse and report any concerns, either to the management for action, or direct to the local safeguarding team. For example, one staff member described things they looked for such as, "changes in behaviour or physical indicators and clues." Another staff member recalled immediately reporting a disclosure by a person receiving care alleging serious abuse by a family member which was then dealt with appropriately by the provider.

The provider assessed and mitigated for individual people's risks such as for those on high risk medication or with fluctuating health conditions, giving staff clear guidance for management of these risks. The provider had recently introduced a new electronic system for storing people's care records. This was securely accessible to staff and they told us this ensured they had up to date information about how to keep people safe and meet their needs. Staff reported, "the care plans explain risks. The new system is a lot better – it means I can read care plans before going in." Care records also showed appropriate environmental risk assessments of people's homes.

The provider advised they had a rolling program of recruitment and training, to ensure they had adequate staff numbers. The provider also operated a system of 'rapid response' carers available every day to cover emergencies or staff absence. The provider and the people using the service all reported there had been no missed calls. However, four of the seven people we spoke to reported the timings of calls was sometimes compromised and that they were not always informed if the care call was going to be late. Most people told us they had regular carers, but they did not always get the rota in advance and sometimes experienced some inconsistency of care workers, particularly in the evenings. The provider advised the new system gave them an accurate 'live' system to check the progress of each care round both in terms of timings and content of care provision. It had enabled the provider to monitor and quickly respond to concerns or patterns such as late calls, refusing medicines, poor food or drink intake. The provider agreed they could now address any concerns of late calls more thoroughly. They now monitored call times on each shift with late calls being flagged so they could ensure people were informed if carers were running late.

We checked staff recruitment files and found that the provider had a thorough recruitment process. All staff had been subject to the appropriate checks to ensure they were safe to work for Leaf Care. New staff were also supported with a well-being check after two weeks followed by regular supervision.

We reviewed medicines administration and concluded that medicines had been administered as prescribed

and that the service ensured medicines were managed safely and appropriately. The provider had researched and adapted a scheme to identify and respond to potential over prescribing of medication (STOMP – "stop over medicating people") as over-prescribing can be detrimental or increase risks. They gave an example of a case where use of multiple analgesia and multiple laxatives had been identified and referred to the GP, resulting in a substantial decrease in medication to one of each type of medicine, a positive outcome for all involved. Staff had annual medicines training and quarterly competency checks on their medicines administration. The provider also had developed the role of a 'medicines' champion' who reviewed people's prescriptions and situations, audited all medicines administration monthly, completed on site spot checks and investigated and analysed all medicine administration errors. The 'medicines' champion' also provided case studies and themes for staff to consider via an online 'drop-in' system which staff were paid to complete. This showed that the provider was being proactive and learning lessons whenever necessary to improve the service and outcome for people, whilst also raising skills and awareness.

Staff advised they had appropriate access to personal protective equipment (PPE) such as aprons and gloves and demonstrated a clear understanding of infection control and prevention measures such as changing PPE between tasks. Staff induction included infection control plus safe management of high risk tasks such as stoma and catheter care.

The provider showed they took incidents seriously with thorough records detailing the investigations, actions and lessons learnt. They also used case studies and themes to spread learning throughout the organisation via online staff training drop-in forums and staff newsletters.

Good

Is the service effective?

Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive an effective service and have rated the service good.

People we spoke with all felt the service they received was effective and supportive. One person said, "They always complete the tasks." and another said, "They always ask and will do anything I ask to help." Most of the people we spoke to felt the staff were well trained, one commented, "The girls I have are very good."

The provider evidenced that they completed a comprehensive assessment before people used the service to ensure they could meet their needs. Care plans and risk assessments were then put together to reflect people's individual needs and desired outcomes. People using the service were followed up two weeks after starting with a 'well-being' check and thereafter with 4 monthly reviews.

Staff had received sufficient training to provide people with effective care. All of the staff told us the training they received was good. This involved both classroom, on-line and practical training. Their competency to perform their role had been assessed before they provided people with care and they received regular supervision and checks for ongoing monitoring of their practice.

The provider supported people to eat and drink sufficient amounts to meet their needs. Where risks of malnutrition were identified, the provider had used tools such as food or fluid charts, oral health care plans and lifestyle care plans to analyse the situation and devise potential solutions. Where appropriate they had also referred to other professionals such as the GP for follow up.

The provider evidenced working where appropriate with health and social care professionals such as social workers, occupational therapists, district nurses, GP and mental health professionals. For example, they were proactive in working with district nurses to monitor and minimise the risks associated with one person whose self-neglect had resulted in recurrent health problems. They also worked closely with hospital discharge and reablement teams to facilitate timely discharge from hospital; providing packages of care to support people's return home and optimised regaining their independence.

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 with appropriate legal authority. Leaf provides support to people living in their own homes and therefore applications would need to be made to the Court of Protection. None had been made at the time of our inspection.

We checked whether the service was working within the principles of the MCA. Staff confirmed that they always asked for consent to provide care and they demonstrated a good understanding of the Mental Capacity Act. One staff member explained that they, "Always offer choice" and that people with mental

capacity, "Had the right to take risks, we just check they understand". We found good examples of working with people who had impairments of their mental capacity, maximising their involvement whilst supporting them to be as safe as possible. The provider showed that, where someone lacked the mental capacity to make a decision, they contacted people with the appropriate delegated responsibility (such as someone's lasting power of attorney) to consult them. We found however that the care plans needed to be clearer in recording what decisions people were, or were not, capable of making when there was evidence of mental capacity impairments. The provider agreed they would quickly rectify their recording.

Good

Is the service caring?

Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive a caring service and have rated the service good.

Feedback from all the people using the service about the approach of the staff, was positive. One relative commented that the staff attitude, "Is very, very good. As soon as they get here they are talking to [name] and including us in conversation. They're always willing to help, asking can we do anything else." Other people mentioned that the staff have a good sense of humour. One person told us, "We have a laugh and a good talk, they are very friendly."

The provider ensured that people were involved in planning their care through regular face to face reviews of their care plans. The use of 'lifestyle' care plans helped to personalise the care provided, giving an opportunity for people's background, interests and preferences to be taken into account by staff during caregiving. The provider endeavoured to accommodate people's preferences about their care staff, for example ensuring the preferred gender of staff where requested.

Staff were able to describe how they maintained a person's dignity and privacy during caregiving which was supported by positive feedback from the people using the service. One person commented, "[The staff] were very discreet, really good, make you feel like you are not a second-class citizen."

People's independence was supported by recording of what aspects of tasks people could complete themselves which was acknowledged by several people. For example, one person told us that, "They wash my lower half and let me do my top half." The provider had also met a local reablement team to ensure they were maintaining best practice in promoting people's independence.

Good

Is the service responsive?

Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive a responsive service and have rated the service good.

People told us that they were involved in planning their care. One person told us, "They come round and have a look at the care plans with me - I feel involved." Another person advised, "[Name of staff] came to review my care. He asked if the care was what I wanted."

The provider aimed to review care every four months. They showed they were proactive in seeking changes to the care provision when changes in needs were identified. The new electronic system also meant that care plans could be altered and issued immediately to ensure staff were kept up-to-date with any changes. Feedback from an external professional involved in discharges from hospital noted, "Leaf are really accommodating. The [registered manager] has a good grasp of what they can do or when they cannot take a package of care. I feel confident when they take on a discharge that they can provide the care well."

Where necessary the provider completed 'lifestyle' care plans designed to consider how best to engage with people whom were less able to understand the need for support such as those living with dementia, where people were reluctant to engage or at risk of self-neglect. An example was given where one particular staff member was finding their care was refused by a person, but accepted from others. Completing the lifestyle assessment with the person and their family found that this particular staff member's looks were triggering bad memories of someone from the person's past. So, the staff involved were changed to avoid distress to the person and the person then successfully engaged with the care provision.

The provider had an appropriate complaints policy and people using the service had a copy of this to refer to. We saw that complaints had been responded to quickly and appropriately and, where appropriate, lessons had been learnt and shared with the staff. The provider also had a policy that if a person contacted the office three times with any concerns, the management would contact the person to check their satisfaction with the service. The provider completed both annual quality assurance telephone calls to each person and an annual anonymous quality assurance survey.

The provider had not recently provided any end of life care but they advised they had a staff member with a qualification in end of life care and that they were planning to roll out a training programme for all staff this year.

Good

Is the service well-led?

Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that service continued to be well-led and have rated the service good.

The provider showed us that they had clear values and vision underpinning their practice which was person centred, promoted choice and maximised independence for people using the service. They had a five-year plan for service development and a quality improvement plan. This included the work already begun to digitalise the whole service and they were able to show that they had managed the initial transition well. The new system was already showing benefits for people using the service through immediate data accessibility such as monitoring of risks, management of changes in needs and monitoring of call times to people using the service.

People we spoke to all told us they knew who the registered manager was and that they had confidence that should they raise a concern the manager or office team member would respond appropriately. The registered manager told us, "Whatever we do here, there is someone's life at the end of it, for both service users and staff. I honestly believe that we are good at what we do. We're honest and transparent."

Staff we spoke to were all complimentary about management and their support with one commenting, "They're as good as gold." Another staff member said, "[The registered manager] is always considerate, cares about us as well as the service users… She is proactive and sorts out issues for service users quickly."

The care staff were structured into small service areas with a lead in each area who supported staff and provided two-way communication with management. The provider demonstrated their commitment to staff with the team leaders and management starting as care staff in the organisation. Staff received regular newsletters every three to four months with updates. This included news on training opportunities, updates on practice as well as refreshers on the core values of the service. All office staff had been crossed trained in each area of management and this combined with the rapid response staff ensured good emergency planning and service continuity capability.

Management had good oversight of a comprehensive system for auditing the care service provided. This included regular spot checks on care provided and regular reviews of care needs of people using the service. Appropriate auditing of care records, events and medicines administration was completed which was analysed for themes and lessons to be learnt. For example, they regularly used case studies to explore good practice as part of the training 'drop-in sessions' staff accessed online. They also completed annually, both personal and anonymous, quality assurance checks for people using the service. The provider had completed newsletters to people using the service and sent out a summary of the annual quality assurance survey outcomes. Management ensured staff had regular supervision, competency checks, skills updates and training; and that recruitment was proactive to ensure adequate staffing levels.

The provider showed they are continually striving to learn and develop with initiatives such as using S.T.O.M.P ('Stop over medicating people'), visiting Holland to research dementia care ideas, attending local

provider forums and engaging with local reablement services. They demonstrated working with health and social care professionals both on a case by case basis and to develop better practice. For example, they had recently attended a workshop on the use of occupational therapy equipment to promote greater independence and reduce the need for two carers for complex moving and handling scenarios.

The management were open and responsive to the inspection process and appeared knowledgeable and capable during the inspection.