Leaf Care Services Ltd

Leaf Care Services

Inspection report

Eastern Branch
Mildred Stone House, Lawn Avenue
Great Yarmouth
Norfolk
NR30 1QS

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16 June 2017

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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

This inspection took place on 16 June 2017 and was announced. We told the provider we were coming as we needed to be sure the management team were available to speak with us. This was the service's first inspection since it was registered with CQC in April 2016. Leaf Care Services is a domiciliary service which provides personal care and support to people in their own homes. At the time of our inspection there were 70 people receiving personal care from the service.

There was a registered manager in post. 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.

People received visits from consistent staff at their preferred times and for the duration they had agreed. People were supported by staff who received on-going training and guidance for their roles. Feedback indicated satisfaction with the care provided by staff.

Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal preferences. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Risk assessments were in place to help protect people from avoidable harm. Assessments contained detailed guidance for staff about how to minimise the risk of harm whilst protecting people's rights and freedoms.

Staff had been trained in safeguarding topics. The registered manager had a good understanding of safeguarding processes and followed these in practice. Thorough recruitment processes were followed before staff started work. This reduced the risk of unsuitable people being employed.

The service acted in accordance with the Mental Capacity Act 2005 (MCA) when necessary. People were supported to make their own choices and this was reflected in their care records. Some care records would benefit from further clarity in relation to what decisions people were able to make for themselves.

People were supported by well trained, skilled staff. Staff supervision, meetings and appraisals were taking place on a routine basis, which meant staff had the opportunity to reflect on and develop their practice. Training was provided for staff to enable them to carry out their tasks effectively. The service was working proactively to identify staff training needs. Staff praised the training on offer.

Medicines were safely managed. Medicine records were completed correctly, and checks of these were undertaken on a regular basis. This meant if any errors were made they could be addressed quickly. The service had a medicines champion (a person with increased knowledge of medicines) in post who

supported staff to raise any queries or learning needs they had in relation to managing people's medicines.

People were supported to seek further healthcare support as required to promote their health.

The registered manager had implemented a range of assurance systems to monitor the quality and effectiveness of the service provided. Systems were in place to seek feedback from all people who used the service as a means to develop and improve service delivery.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment. There was clear leadership and management at this service. The registered manager was described as approachable and part of the team; they promoted the values of the service and we saw that they led by example.

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.

People were supported by consistent staff who attended calls on time and as planned.

The likelihood of harm had been reduced because risks had been assessed and guidance provided to staff on how to manage risks and keep people safe.

Staff knew how to protect people from abuse, and who to report concerns to.

People were supported to take their medicines safely and in the way they preferred.

Is the service effective?

Good

The service was effective.

People were supported to make their own choices and decisions. Liaison with other relevant professionals had been sought when required. Some records relating to the MCA required further clarity to guide staff.

Staff had the skills and knowledge to support people who used the service. Staff described feeling well supported and were trained to meet people's needs, choices and preferences.

People received support with eating and drinking when necessary.

People were supported to access appropriate health care to make sure their care and treatment needs were met.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people in order to deliver person centred care.

People told us staff treated them with patience and kindness and respected their rights to privacy and dignity.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were kept under review and staff responded quickly when people's needs changed. Care plans provided clear guidance to staff on how to meet people's needs.

The service had a complaints system in place, and encouraged feedback from people.

Is the service well-led?

Good

The service was well-led.

The registered manager and their team were passionate about providing a high standard of care, and were continually looking for ways to improve the care provision.

People, staff and relatives all felt they could raise concerns or issues to the management team, and felt listened to.

The quality of the service was monitored to ensure that shortfalls were identified and action taken to drive forward continuous improvement and provide high quality care.

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.

The inspection took place on 16 June 2017, was announced and undertaken by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also spoke with the local quality assurance team.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information to help plan our inspection.

Following the inspection we spoke with 12 people using the service, and seven relatives. We spoke with the registered manager, operations manager, and five members of care staff.

To help us assess how people's care needs were being met we reviewed seven people's care records and other information, including risk assessments and medicines records. We reviewed two staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe and well cared for by the staff who were visiting them. One person told us, "They are nice people and I feel safe and at ease with them." Another said, "They [staff] do not make me feel tense. They are nice to me." A relative said, "[Relative] is kept safe and steady with them [staff] here. No falls or slips with them [staff]."

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. The service's safeguarding policies and procedures had been reviewed by the local safeguarding board to ensure they were effective. One staff member told us, "I've had my safeguarding training; I know what to look out for. There are all kinds of abuse, and I would always report any concerns to my manager or social services." Another said, "You can't not report these things, if you see abuse you report it. If I saw a staff member being unprofessional or doing something they shouldn't, I would report it straight away to my manager, or a higher chain of command if necessary."

The service followed safe recruitment practices. Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) had been undertaken before new staff started work. This ensured that new staff coming to work in the service were suitable for their role.

People's care records included risk assessments and guidance for staff on the actions that they should take to minimise risks. These were very detailed, and provided clear instruction for care staff. Risk monitoring included nutrition, continence, moving and handling, mobility, and medicines.

Premises risk assessments had been completed which identified potential hazards within people's homes, such as checking that fire alarms were in place, trip hazards, any animals in the home, and COSHH (control of hazard substances). These ensured that staff and people were aware of risks that could affect them. Key safe codes (which enable staff to enter people's property) were shared with staff securely, ensuring that the address was not noted alongside this. Where people had changed care provider, been in hospital for a period of time, or where staff had left the service, key safe codes were changed to ensure the security of people's homes was maintained.

The registered manager told us there were sufficient staff in post to meet the needs of people, and to provide continuity of care. When determining staffing arrangements, the management team used postcodes to allocate staff to particular areas. This ensured the best use of resources and consistency of care for people.

The registered manager told us how important it was that visits were not missed and in 14 months of operation, only one visit had been missed in this time. They went on to explain that they had a 'rapid response team' in place, consisting of three area co-ordinators. If a carer called in sick at short notice, or a person who was being visited became unwell, the area co-ordinators would cover the other visits. This

approach was effective in minimising the risk of late or missed visits.

Some staff told us that the travel time was not always sufficient to get to the next visit in a timely manner. We discussed this with the registered manager who told us that they do allow travel time of around five to 10 minutes depending on the area, and that they kept calls as close together as possible. They also reviewed each 'round' weekly to see if changes needed to be made. They assured us this was on-going and had taken the staff feedback on board. However, the majority of people we spoke with raised no concerns about the time that staff arrived.

People told us they were happy with how staff supported them to manage their medicines. One person said, "When they [staff] come they remind me to take my tablets. And they write a note to put it down that I've had them." Another said, "They [staff] do my tablets. Done on time, three times a day."

Staff had received training in medicines management and undertook annual competency assessments to check their knowledge. There was a medicines champion in the service, whose role was to train, mentor and support care staff on all matters relating to medicines. A 'drop in' session was held every two weeks so staff could come in and ask general questions about medicines, or discuss concerns they might have come across during their visits. We spoke with the medicines champion who told us, "Every other week we have a couple of hours in the afternoon for staff to come and have a chat about medicines. We had one last week and we went through Medication Administration Records (MAR's) and what to log within the daily notes. I also produced a warfarin (medication which thins the blood) fact sheet which described the side effects people may experience."

MAR records were appropriately completed which identified that staff had signed to say that medicines had been given at the correct time. People's records held a medicines risk assessment/ care plan. This included information on the level of support each person needed, and who delivered or collected their medicines. Where one person was taking warfarin, we saw that information on how dosing charts were obtained was logged. It also gave information on side effects to look out for (such as bleeding) and what action to take if concerns were identified.

We saw that regular audits had been undertaken on MAR charts, and action had been taken when discrepancies were identified. The management team showed us that new MAR charts were being introduced, which included key codes (keys codes are used to evidence what has occurred with the administration of medicine) which staff could use to identify how the medicine had been given, or for example, if it had been refused.

Though reference to medicines which were taken 'as required' were noted within the MAR charts, there was not a specific protocol in place which could help care staff to identify what symptoms a person may display if they were in pain, and when these medicines may be required. The registered manager told us they would implement this, in line with improvements they were already making.

Good

Is the service effective?

Our findings

Staff received training in subjects relevant to their role which included, moving and handling, medicines, dementia awareness, mental capacity, safeguarding and health and safety. The registered manager explained that the service benefitted from an accredited in-house training company which also provided additional QCF (Qualifications and Credit Framework) training which included diplomas and apprenticeships in adult care. One staff member told us, "I'm doing my apprenticeship at the moment at level two. I want to do level three. If this goes as well as it is I'm staying [with Leaf care]." Another said, "The training opportunities here are great. I can ask for any training and I get it."

People said they felt confident in the staff approach. One person said, "They [staff] are brilliant, excellent. They are happy people when they call. Easy to get in touch with the office. Well trained. Good manners." Another said, "They are fabulous, no complaints none whatsoever. They [staff] have been a lifesaver for me and have changed my life."

Staff new to the service completed a formal induction to ensure they were equipped with the necessary training and knowledge required. Part of the induction included completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. New staff also completed shifts shadowing an experienced member of staff to ensure they were confident before working alone. One staff member told us, "The induction was very good. I did the training, then shadowed for a week. I wasn't just thrown out into the world. I had time to prepare." Another said, "I completed all my training before I went out to people. [Registered manager] said I could do as many shadow shifts as I needed."

Staff received supervision sessions which provided staff with a forum to discuss the way they worked, identify training needs, and receive feedback on their practice. Spot check observations on staff were also undertaken to identify any further training needs and ensure that their practice was safe and effective.

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.

People (or where agreed, their representative) had signed to consent to the care and treatment they were receiving. Where people had legal representatives in place, these were documented, and included what legal authority the representative held. Professional assessments which had taken place to arrange the care package were also in place, and included the person's ability to consent to their care and treatment.

People's care records made reference to their capacity to make decisions, and asked the question, "Does the person have the ability to make decisions and give consent?" One record stated that the person was 'still

able to make simple decisions', but did not describe what these were. Having this information would help staff to understand individual needs and maximise people's involvement in the delivery of their care. We brought this to the attention of the management team to review.

Staff demonstrated a good awareness of the MCA, and the importance of gaining consent. One staff member told us, "Always ask the person first. Whatever you are doing, ask for consent. They always have the right to say no." Another said, "I know the people I visit well. I can see if they are not themselves, and may not want to have a wash or eat. If they don't I'll try and reassure them, but it is their decision. I would always report any concerns I had".

People's records made reference to their hydration and dietary needs. This included preparation of meals where required, and a record of food and fluid intake where there was risk. People's preference for meals they enjoy were also documented. Information included how the food should be served, for example, cut up into small pieces. Where people were having drinks thickened, there was clear information on how to prepare these, and how the drink should be served, for example, in a beaker. One person told us, "They wear gloves and have a wash before they make me a snack. They prepare my tea for the night. It's nicely made with cut corners." Another said, "I'm in full time care, and they do my breakfast, lunch, and tea, make my meals for me. They give me a choice and they make lovely meals."

People were supported to access health care services when required. This included GP's, social care professionals and health professionals. One relative said, "They [staff] alerted us when [relative] had a sore coming on and was passing blood. They got the nurse and it was sorted. Nip problems in the bud." Another said, "They [staff] have alerted us a couple of times when [relative] had a skin lesion, and they spotted it and got it sorted. Another came on [relative's] leg and they spotted that as well."

Good

Is the service caring?

Our findings

People told us that the staff providing their care were kind and attentive. One person said, "They [staff] are absolutely marvellous. So friendly and so nice. Like friends, polite and respectful." Another said, "The carers are considerate and sensitive." A relative told us, "They [staff] are wonderful. Good, kind, and caring." Another said, "[Relative] has a wash with their [staff] help. It's done with dignity. And they respect my space as well; they are considerate around the house and ask me first before going around."

We saw that people's preferences for who delivered their care was noted. For example, one person's record showed that they had expressed a preference for a female carer to attend to their care and this was agreed. A relative said, "They send no men to call round, as [relative] did not want this. They have respected [relative's] choice. [Relative] seems very much at ease with them [staff]."

People were supported to express their views and were involved in the care and support they were provided with. People, or where appropriate their representatives, had been involved with the completion of their care plans. One person told us, "I met them [Leaf staff] about my care plan and they checked it all. All of it was agreeable to me and I was fully involved." Another said, "Leaf care have been fine. I was involved in the care plan and have had regular reviews."

Care plans included a section on goals and objectives. This included reference to what was important to the person, for example, their family members or pets. There was also a section on people's personal history, which helped staff to understand more about the person they were caring for. This included events which had occurred in the person's life and how this might impact on the person's behaviour and mood. This guidance helped staff to identify why a person may become low in mood, and how to reassure them.

Staff told us that they had built good relationships with people as they had a regular group of people they visited. Care plans we reviewed showed that a consistent group of staff visited people. One staff member said, "I visit the same people on my round. It's good as you get to know their ways and the way they like things to be done." Another said, "I find that visiting the same people is beneficial to them and to me. Especially people who have dementia; it helps them to recognise my face and who I am, why I am there." One person said, Yes I mainly get the same staff, this can't always be the case as they have to have time off, but they're [staff] all nice."

Care plans contained information on feedback which people had been asked during the review of their care, or via a phone call check. Relevant questions had been asked, such as, if they knew the carer who was visiting them and if they knew how to make a complaint. Asking these questions routinely enabled the management team to have effective oversight of how people were experiencing their care, and identify any issues or concerns promptly.

People's records also provided guidance to staff on the areas of care people could attend to independently and how this should be promoted and respected. One person said, "I'm looked after well. They help me pick my clothes. Chat with me and check with me as they go along."

The importance of respecting people's right to privacy and dignity was also referred to. One person said, "They [staff] call just the once each day. They help me get showered and ready. Do my creams. They take the time to do it all right. It's done with dignity and safely. They mainly just help me get about and just see I'm safe. And they respect me if I don't want or need much help." Another said, "The care has been done with dignity. This has helped overcome some embarrassment I felt."

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to people's needs. One person said, "Very good staff, never had a bad one [staff member]. They do what I need them to do, and they ask if there is anything else before they leave me." A relative said, 'It's excellent, I've had no complaints. The previous [care agency] were not organised. But if I call Leaf they are on the ball. We ring them to say we are having [relative] at weekends. They were even concerned when they called my [relative] and they didn't answer the phone."

The service informed people of their scheduled visits by means of a rota that was sent to them by their preferred method of contact. A relative who was living with a family member in receipt of care told us, "The one thing I really like is that they post a list every week of who is coming. This is important for us relatives. It's a point of contact. It says we haven't been forgotten for whatever reason." We saw that the service carried out quality spot checks, during which people were asked if they wanted a rota sent to them, and if their scheduled visit times were agreeable.

One person told us, "[Staff] always have been nice. It's been a month since they started. It was all agreeable to us. Times and who called round and they have kept to it. They are only ever late in an emergency elsewhere and we're not left waiting. I find them reliable." A relative said, "It [care package] was all handed over to Leaf care last year, and since then it's been much better. This firm are more reliable. [Relative] has the same carers nine times out of ten. On time and they are very nice with [relative]."

The registered manager told us that they carried out 'well-being checks' after two weeks of a care package starting to ensure people were satisfied with the care arrangements in place, and that the package of care was meeting their needs. This also helped the staff team to build up a positive relationship with people new to the service, and instil from the start that feedback was important to them.

The registered manager told us that care plans had been designed with person centred care consultants, to ensure they addressed every aspect of people's well-being. Records contained person-centred information that had been gathered to guide staff in meeting people's expressed needs, interests and preferences. This included information in relation to moving and handling, personal care, continence, behaviour, health, personal interests and life history. Records contained clear guidance on the purpose of each visit and the tasks which needed to be completed. This ensured that care needs were clearly set out for staff caring for people. People's changing needs were identified promptly and care records were updated to reflect this.

A complaints process was in place, details of which were provided to people at the start of their care. The management team placed high importance on feedback, and we saw that during reviews and spot checks, people were asked if they knew how to complain. The service had received one complaint last year, and we saw that this was investigated very thoroughly, with a detailed log of discussions which took place, and actions that were taken as a result. This demonstrated that there was a robust process system in place and that complaints would be investigated thoroughly. One person said, "I have no complaints, but if I did I can get in touch very easily. The office staff are also friendly."

Good

Is the service well-led?

Our findings

The registered manager was also the company director, and was supported in the day to day running of the service by an operations manager. Both demonstrated a committed approach to providing care that was responsive to people's needs and of a high quality.

There were quality monitoring systems in place which ensured that practice was reviewed regularly and changes were made to continually improve the service. The registered manager told us they commissioned an external consultant every six months to carry out an inspection which focussed on ensuring that documentation and quality checks met the expected standards. 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. The results of these inspections fed into the service quality improvement plan which included agreed actions.

The registered manager knew about and referred to best practice guidance in relation to domiciliary care ensuring that the delivery of care was reviewed against these. Quality audits were carried out in areas such as out of hours telephone monitoring, recruitment, medicines, risk assessments, documentation, visit logs and care plans. We saw that the spot check forms asked question around the quality of care people received, including if staff were on time, if they ever missed a visit, and how the service could further support people with their independence skills. The results of these checks were fed into a monthly management report which we saw had highlighted potential issues of concern and how they would action each. This approach ensured that any concerns were identified promptly, along with any recurring themes.

Feedback was important to the management team, and we saw that various methods were used to gain feedback from people. Annual surveys were sent to people, which asked questions around the quality of care that people experienced. In addition to this the service carried out spot checks to gain people's feedback every three months. The registered manager told us that the most recent return for the annual surveys was 50%, and they were looking at ways to improve this; they were looking to implement an electronic tablet (computer) device which could be handed to the person to complete during their visit or at a review, and feedback could be submitted anonymously.

We saw a letter which was sent to the service from a relative in November 2016, which praised the service in how they cared for their relative. They said, "[Staff member's] always went the extra mile and apart from their professional and efficient caring attitude, they instilled a calmness and understanding which is so vital," and, "I am so grateful for the significant contribution you made to my [relative's] care at home, where they would have wanted to be."

People confirmed that the management team was open and approachable and we observed staff and managers communicated openly with each other. Staff confirmed they were well supported and had regular staff meetings, supervision and appraisals. This gave staff the opportunity to reflect on their practice, discuss complex cases and share professional ideas.

Staff benefitted from the accredited in-house training company which is operated alongside Leaf care. This included access to in-house apprenticeships and Diploma level training which supported staff retention. One staff member said, "Its [training] really good here, I'm learning so much from the training I receive. I feel I've moved forward in my career." Staff we spoke with understood their roles and responsibilities and we observed a positive culture within the service. One staff member said, "Lovely people to work for and helpful managers who listen. The other [Leaf] branch is really helpful too; you can call there and ask questions they are always ready to offer support." Another said, "Put it this way, I would use Leaf care for people in my own family."

There was a strong focus on person centred support from the registered manager and their management team. They demonstrated a clear commitment to providing high quality, compassionate care.