

Laurel Leaf Support Limited

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Inspection report






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Date of inspection visit:
22 November 2018

Date of publication:
27 December 2018

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Ratings

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

Summary of findings

Overall summary

We inspected Laurel Leaf Support Limited on 22 November 2018 and the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Witney area. It provides a service to adults and younger adults living with various learning disabilities, autistic spectrum disorder or sensory impairment. On the day of the inspection the service was supporting four people.

There was a registered manager in place who was also the provider. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good in Safe, Effective and Caring domains. There was overwhelming evidence available that demonstrated further improvements had been made that met the criteria for an Outstanding rating in the Responsive domain. The significant improvements of people's experiences were achieved because of excellent leadership provided by the management. We therefore also rated the Well-led domain as Outstanding and the service was rated Outstanding overall.

The registered manager had a personal experience of a close family member living with a severe learning disability for whom the service was originally set up. This had enabled the provider to have an invaluable insight of what quality of support they wanted to provide to people. We found the provider had an imaginative vision and they ensured innovative ways of putting people at the centre of the service delivery. Because of this the service was very much led by the people and people had exceptional opportunities created for them.

The provider's governance was well-embedded and there were effective assurance systems that ensured ongoing compliance. The provider welcomed any form of input and since our last inspection they created a new post for a quality and safety officer to provide an additional layer of auditing. They saw any feedback as an opportunity to reflect and further improve the quality of the service for people. The team continuously looked for and created innovative ideas on how to have a positive influence on people's lives and how to adapt the service delivery to the changing needs of people receiving support.

People, relatives and professionals were extremely positive about the service. People referred to the registered manager as 'my friend'. People's relatives spoke about the registered manager highly and told us the staff "listened to people and clearly put people's needs first". External professionals were equally complimentary. Comments from professionals included, "I am impressed with how Laurel Leaf is run. I would, and do, highly recommend them to other service users and their families", "I would be happy for

them to care for anyone I know" and "I would recommend them without hesitation as being responsive, safe, effective, caring and well-led. The well-led element is especially strong".

Staff remained positive about the team work and support they received from the registered manager and about the empowering culture that was promoted by the service. Staff complimented the training provision and the support received from the senior team. There was a high level of satisfaction and a sense of pride of working at the service demonstrated by the team.

People received care and support that in words of their relatives and professionals was 'life changing'. We had feedback that reflected that even when people themselves felt they had no opportunities and lost their confidence with the perseverance and encouragement of Laurel Leaf staff they flourished. One professional said one person, "Was now in a better (place) than we could have hoped for". One relative said about another person, "They've done a great job of getting [person] to where [person] is now".

The team recognised the importance of people being an important part of the local community. The provider created additional opportunities that enhanced people's wellbeing and reduced the risk of social isolation. People had opportunities to socialise at the specially created activity room situated next to the provider's office's where they could enjoy company of other people. They were able for example to develop computer skills and general day to day life skills such as cooking.

The provider's passion to deliver exceptional care and their drive for excellence had been recognised and since our last inspection they were nominated for various awards by people. The provider won the following: The Great British Care Awards (South) in "The Putting People First - Personalisation Award" category and The Dignity in Care Award run by Age UK.

The registered manager ensured people knew how to raise any concerns. They developed a bespoke 'lap tray' with re-attachable 'emojis' (pictures of smiley, sad, neutral and other, faces) that could be used to aid communication with people. No one we spoke with said they ever needed to raise any concerns.

The service continued to provide safe care to people. Staff received training in safeguarding adults and understood their responsibilities to report any concerns. The provider followed safe recruitment processes that included completing checks to make sure new staff were safe to work with people at risk. Risks to people's safety and well-being were managed through an in-depth management process that covers all aspects of people's lives, conditions and activities. There were sufficient staff deployed. Medicines were managed well and people received their medicines as prescribed.

People continued to receive effective support from staff that had the right skills and training to carry out their roles well. Staff had opportunities to attend team meetings and they were well supported. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and the service supported this practice. People were supported to maintain good health and meet their nutritional and dietary needs.

The service remained caring. People benefited from caring relationships with staff. Staff referred to people with dignity and respect. People were supported to remain independent. The provider had good processes in place to maintain confidentiality and records were kept securely.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People received exceptional support and opportunities that enhanced their well-being and sense of self-esteem.

People's care plans contained details of people's needs, wishes and preferences and people's input in these was apparent.

The management saw concerns as a part of driving improvements and they valued and acted on feedback received.

No people received end of life support.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider created a service that was very much run with people at the centre of the service delivery.

There were effective systems for monitoring and assessing the quality of service that ensured there was continuous improvements to the service.

There was a positive approach, a transparent and open culture demonstrated by the team.

The team worked well with external professionals who were extremely complimentary about the service.

Laurel Leaf Support Limited

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 checked whether the provider was 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 took place on 22 November 2018 and was an announced inspection carried out by one inspector. Prior to the inspection we sent out quality questionnaires and we received feedback from three people, one staff member and three external professionals.

We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in the office.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

On the day of our inspection we carried out the office visit and we spoke with the registered manager, the quality and safety officer and one staff member. We looked at two people's care records and medicine administration records (MAR). We reviewed a range of records relating to the management of the service. These included two staff files and provider's quality assurance audits. We also met with two people that used the service at the Activity Room situated next to the office. After our inspection we contacted a number of external professionals and one relative to obtain further feedback about the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People's relatives told us people were safe. One person's relative added, "Takes a lot of worry off us, and we feel comfortable in leaving [person] in his (registered manager's) hands". The provider had systems surrounding safeguarding and was aware how to raise safeguarding alerts with the Local Authority if needed. Staff received training in safeguarding adults and understood their responsibilities to identify and report any concerns.

Risks to people's well-being and individual conditions were assessed, recorded, managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage these. We viewed examples of risk assessments that included areas such as outings and people's personal conditions such as epilepsy. The epilepsy risk assessments clearly described the type of seizures the person could experience and what to do in such an event.

Staff told us there were sufficient staff. People had regular staff allocated to work with them. This contributed to continuity of care provided. One staff member told us, "With the dependency of our clients the continuity (of care) is important". The provider followed recruitment and selection processes in place to ensure only appropriately vetted staff worked with people at risk.

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. People's care plans gave clear information on what medicines people had been prescribed, including time, dosage and the reason for taking the medicine.

People were protected from the risk of infection. Staff received training surrounding the infection control and followed safe infection control practices. Staff had access to personal protective equipment, such as gloves available in the office.

The provider had a clear procedure for recording accidents and incidents. We viewed the log and saw appropriate action was taken when needed. For example, when a person suffered a fall due to not using the designated (ramp) access, action was taken to prevent this happening again.

There was a contingency plan in place that covered various adverse situations which could affect the running of the service. There was a pool car available to staff which aided contingency in case staff's own cars were out of use. An on-call system was used on a rota basis that ensured there was a stand by member of staff at all times if any issues arose outside the usual support hours.

The registered manager ensured they reflected on when things could have been improved so the lesson learnt could be learnt. For example, they identified with people's changing needs people changed their mind last minute in relation to for example, planning a trip away or a holiday. They therefore decided not to plan these too much in advance to avoid last minute changes on the rota.

Is the service effective?

Our findings

The service continued to provide effective care. People's needs were assessed before they received support. The registered manager would liaise with the commissioners and health professionals to ensure full details of people's needs, health and social history were obtained. This information coupled with the provider's own assessment was then used to draw a personalised care plan. The areas included people's religious, cultural, social needs as well as their choices, aims and preferences on how they wanted to live.

People remained effectively supported by staff who had the skills and knowledge to carry out their roles and responsibilities. The training provided to staff reflected the standards of the Care Certificate. The Care Certificate is a nationally recognised set of training modules that all social care workers need to adhere to in their work. Additional training surrounding people's specific condition, such as epilepsy or autistic spectrum awareness was also provided to staff. Staff told us they were well supported and had regular supervision sessions. They also said they did not need to wait for the supervision to bring any issues to the attention of the management. One staff said, "If any issues, will be brought up at any time, we work very well". One relative told us, "The new staff gets good training and shadowing opportunities to make sure they're confident".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "They (people) all make own decisions". People's care plans gave clear guidance on how to involve people and respect their decisions. For example, one person could struggle to formulate robust sentences and their care plan stated staff were to observe the person's body language in order to gauge the response. People's care plans also highlighted how to make it easier for people to make own decisions. For example, one person's care plan stated 'I prefer (to be given) two options'.

People were supported to maintain good health. People's care files contained health sections where detailed information about people's health needs, diagnoses and regular appointments was being recorded. This included information about people's doctors and care managers. One person's care plans reflected the person was supported with regular visits to opticians and dentists.

People's nutritional and hydration needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences, types of diets and any allergies. One person's care plan stated, 'liquidised or mashed diet'. People were supported to plan their meals, shopping and eat healthily. Staff encouraged people to cook their own meals safely. One person told us, "I cooked sweet and sour chicken today".

Is the service caring?

Our findings

The service remained caring. People benefitted from forming meaningful, caring relationships with staff. One person's relative commented, "(I had) excellent feedback from [person] - such a good relationship with all staff. They always take him to see [family member], she also says they're marvellous". The caring approach was also apparent within the team and demonstrated in a way how the team interacted with each other. Staff were respectful and kind. One of the relatives told us this caring approach was cascaded down to the staff from the provider's level. They said, "I think it's the way [registered manager] treats his staff, they have such a respect for him".

People remained treated with dignity and respect. When staff spoke about people they were respectful and they showed genuine affection. Language used in care plans was respectful and demonstrated people were at the centre of the care planning and delivery. One member of staff explained, "I always knock on door". They added, they would leave people in private when people were in the bathroom. They said, "If they need my help, they will ask me". People's relative told us people were treated with dignity and respect. One relative said, "Dignity and privacy is respected, the staff assist (people) in a dignified way".

The provider had equality and diversity policy in place that was available to staff. People's diverse needs were assessed, recognised and recorded. For example, people's religious needs and involvement with church was referred to in people's care plans. One professional told us, "[Person] has a strong faith in his chosen religion and we have worked together to ensure this is respected. This means Laurel Leaf have needed to adjust some of their activities around religious festivals and they have done so sensitively and without prejudice to other people. They enable them to talk about their faith and are keen to know more about it to better understand how they can support [the person]". Discussion with staff demonstrated that the team respected people's individual needs including people's diverse needs. Staff had a good understanding of people's rights and ensure people were encouraged to overcome their disabilities when achieving their goals.

People were supported to remain independent. One relative described how the staff had recently supported a person to maintain their independence in using a self-checkout system when going shopping. They told us staff recognised the person's limited confidence to deal with the social aspect of shopping and by ensuring they were confident on how to pay for the shopping kept them independent. People's care plans highlighted the importance of encouraging people to do as much as possible for themselves. One person's care plans said, 'I can reach out to eat myself'.

People's individual needs, including in relation to their communication needs were recorded and assessed. For example, care plans stated where people wore glasses. People's care plans also gave clear information how to maintain effective communication with people and what signs to look for if people's verbal communication was affected. One person's care plan stated, 'if frustrated, will pull my hands tight towards my chest' or 'I may nibble my hands when upset'. This meant there was sufficient information how to ensure the communication was as effective as possible.

People's personal confidential information was protected. The provider had policy and procedures on confidentiality that was available staff. People's care plans and other personal records were stored securely. Staff knew how to maintain people's confidentiality.

Is the service responsive?

Our findings

We found the service was exceptionally responsive to people's individual needs and delivered support that supported people's choices and built their confidence and self-esteem. People received very personalised support that was focused on enhancing the quality of their lives and making sure people were able to achieve goals and meet their aspirations. One professional said, "Care is planned with the person around their own individual needs. The person has support at the level they require whilst promoting independence. [Person] I am working with has some particularly challenging needs of a personal nature and they manage this with dignity, respect and understanding".

People were supported by regular staff that excelled in supporting people to develop skills and people's needs were recognised by staff and staff empowered people to participate in meaningful social activities and to carry out things that could have been considered as out of people's reach.

The registered manager excelled at creating innovative opportunities for people and suggesting ideas people themselves might have not considered. For example, the provider used an external company that delivered staff training and there was an option available to providers to become an accredited training centre. The registered manager worked with his team to accredit Laurel Leaf Limited Support to create and deliver an accredited learning programme created especially for people that used the service (rather than for staff). The team worked to create the content of this tailored, accredited learning programme that worked similarly to for example, when staff gained their diplomas in health in social care.

We viewed the training file of one person and saw the learning programme's aim was 'helping you to become more independent at home and in the community'. One person showed us their folder. There were notes to be used by trainers aiding students (people) to complete their portfolio. The portfolio contained an evidence log? that needed to be completed as evidence was being gathered. Once the evidence log was complete it meant the all areas of learning were addressed. The person had completed their portfolio and therefore successfully achieved the award. The areas covered included safety within the home (trips, slips, spills), safety when out (crossing the street safely) and a number of daily tasks (budgeting for the shopping). All of these were designed to increase people's ability to live a more independent life. The way the course's content was designed allowed for reinforcement of some basic, day to day skills and abilities that most people take for granted in a non-patronising approach...

The registered manager told us they explored this exciting opportunity to enable people to have an additional sense of achievement. They told us they recognised it especially benefitted people who had been exposed to the education system some decades ago when there were very limited opportunities for them to pursue any form of 'formal' education. One external professional said, "I am impressed with how Laurel Leaf is run and was particularly pleased to see they are offering an accredited course for their service users to participate in independence skills".

The responsive nature of the service was demonstrated in various ways. For example, in the Provider Information Return (PIR) submitted to us prior to the inspection the registered manager told us they tried to

match staff with people they supported or who they wished to receive services from. On the day of our inspection it was apparent people felt at ease with the staff and had a warm, caring and meaningful rapport built. This showed the staff were matched with people that trusted them.

The support people received was, as we were told by professionals and people's relatives, considered as life changing for individuals. One professional told us about the person who had experienced a stressful time in their life, the person was facing unclear future in terms what they would be doing and who would support them. Since Laurel Leaf came on board they built up a strong rapport with the person straight away. The professional said, "[Person] did not feel they would be able to build up relationships like this again". They also told us the next few months, filled with quite dramatic changes, in the person's life had gone 'smoother than anyone could have hoped' and 'the situation at the moment was better than we could have hoped and that is thanks to Laurel Leaf (team)'. The professional added they had "no doubt Laurel Leaf can continue to assist [person] and empower them to be as independent as possibly can be and for them to continue to be the huge support they are in [person's] life."

Another person's relative told us how the person had a history of receiving poor support in the past and since being with the team they flourished. They said, "They (staff) have done a great job of getting [person] to where [person] is now. The service makes such a big difference to people's lives. They are very accommodating. [Person] can be anxious and the staff know how to manage this well". This meant people received tailored service that met their needs and was delivered in a way that ensured people's choice and wishes.

The provider went the extra mile to create arrangements for people to benefit from social activities to reduce social isolation and exclusion. The team empowered people to participate as a meaningful member of the community and to carry out things that could have been considered as out of people's reach. For example, as some of the people that used the service struggled to find a suitable day centre that met people's needs the provider rented a room next to the office and created an activity room. This was available to people that used the service and to people that the service provided non-regulated support, such as companionship. The activity room was well equipped so people could enjoy cookery sessions, computer games, play the snooker and to socialise with like-minded people. One person's relative told us, "I think Activity Room helps, more on offer, [person] used to go to a day centre, found it not suitable and this one now meets his needs better, [person] loves his cooking".

The provider successfully took a key role to build further community links and liaised with other partners to ensure this was sustained. They provided ISO (Inclusive Sport and Opportunities) days in conjunction with the local council. These were designed for adults who were still in education. They used their own activity room in the morning and then a local centre where they worked with a member of staff from the local leisure centre to play sports and dance.

The service also promoted friendships by hosting pub nights once a month throughout the summer. They also held an annual party called the 'Woo Woo' party, the next one was scheduled in February 2019. The team ensured these were planned in a way people were able to help and put together the party themselves such as having an opportunity to be a DJ for parts of the evening.

The service went the extra mile in making people's wishes do come true. One person was a huge fan of one of the celebrities featured in one of the national talent shows. The registered manager organised for the person/this celebrity to attend the party which made the person's day. The person's relative told us, "[Person] is very keen on [name of the talent show] and they organised for one of the acts to visit the party as a surprise for them". The registered manager told us how the person's face lit when they met their idol 'from

telly' in real life.

Laurel Leaf Support Limited recognised the need to empower people and they supported people to gain employment in the past and continued to work with people looking for employment where appropriate or to do voluntary work to enhance their experience and increase the possibility of gaining employment at later stage.

Although staff knew people and their needs very well and built a meaningful and effective rapport with them which included good communication further developments were made to meet people's limited communication needs. The team created a number of aids that could be used if needed to improve the communication with people. For example, there was a communication book with pictures that contained various expressions so people could point to a picture of how they felt or what they wanted. The use of pictures in people's support plans and risk assessments meant people were involved and contributed to these meaningfully. There were three booklets, "I am" (e.g. angry, sad, tired), "I feel" (e.g. cold, neck ache) and "I want" (e.g. drink, bed). Additionally, the team put together three booklets titled 'What shall I eat today' and these contained pictorial choices of main meals, snacks and vegetables.

Feedback received demonstrated the exceptional responsiveness of the team and that the staff were committed to improving people's lives. Comments included, "I think Laurel Leaf go above and beyond their duties and very much enjoy being a part of this service", "Everyone at Laurel Leaf are very approachable especially the manager. They have been very accommodating, adjusting {person's} support package according to his need and going the extra mile for them on many occasions" and "I know I can trust them to do what is identified in his care plan with the utmost respect and [person] clearly benefits from the support received from them".

The provider had a system to manage complaints but there were none received in the last year. Due to close working with people and their families even the smallest issues or queries were being addressed immediately without the need to be escalated as a complaint.

The registered manager ensured people knew how to raise any concerns and put systems in place for people to be able to make it easier to discuss things. They developed a bespoke 'lap tray' with re-attachable 'emojis' (pictures of smiley, sad, neutral and other, faces) that could be used to aid communication with people. No one we spoke with said they ever needed to raise any concerns. One person's relative told us, "Manager is always at the end of the phone. They're very accommodating".

The registered manager proactively monitored all feedback received, that included provider's own surveys and the reviews of the service on a leading UK home care home review website. We viewed the results and noted these were overwhelmingly positive. People commented about the service as being 'excellent' (5 out of 6 opinions, with the remaining one rating the service as 'good') and all people were 'extremely likely' to recommend Laurel Leaf Support Limited to others.

No people received end of life support.

Is the service well-led?

Our findings

The provider's aim was 'to offer a person-centred service' and the provider committed 'to those that we provide support and care to, we will build our service with you and for you'. They also aimed to 'to be friendly and to truly understand the people we provide services to'. We found both were successfully achieved by the team at Laurel Leaf Support Limited.

There was a registered manager in place who was also the provider. 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.

The registered manager had a personal experience of a close family member living with a severe learning disability for whom the service was first set up. This had enabled them to have an invaluable insight of what quality of support they wanted to provide to people. The registered manager demonstrated an exceptional passion for working with people and more importantly for changing their lives. This was also demonstrated in the feedback received. One member of staff said, "He is not in it just for the business". Another member of staff said, "It's not (just) a business, he genuinely cares. Having personal experience of a family member he has an understanding of what it takes". This demonstrated the provider's genuine commitment to the people receiving the support.

The provider's website said, 'We are a relatively small organisation and this forms part of our charm'. The service only supported four people and the provider told us they wanted to keep it small and personal. The size of the service contributed to maintaining that 'personal touch' which was recognised and appreciated by staff and people's relatives. One staff member told us, "We're small, but genuinely care, we give our full attention and change people's lives. We're like a family". One relative said, "I think as they're much smaller, staff really get to know people".

People, relatives and professionals were extremely positive about the service. People referred to the registered manager as 'my friend'. People's relatives spoke about the registered manager highly and told us the staff 'listened to people and clearly put people's needs first'. External professionals were equally complimentary. Comments from professionals included, "I am impressed with how Laurel Leaf is run. I would, and do, highly recommend them to other service users and their families", "I would be happy for them to care for anyone I know" and "I would recommend them without hesitation as being responsive, safe, effective, caring and well-led. The well-led element is especially strong".

Staff were also exceptionally positive about the registered manager and it was clear they led by example. Comments from staff included, "He is the best boss I ever had, I genuinely don't think there's anyone like him out there, people we support adore him" and "He will invest back to the company to benefit people". There was a very high level of satisfaction demonstrated by staff and a strong sense of belonging to the organisation. This was also recognised by people's relatives who told us, "Most of the staff been (with the company for) a long time which is a testament to [registered manager's] management skills". The provider

ensured staff received living wage which also recognised their loyalty and hard work.

The registered manager empowered staff effectively. In the Provider Information Return (PIR) submitted to us prior to the inspection they said, "We recognise that anyone can be a leader and this is not just something that is attributed to people who are managers or in senior roles". The feedback from staff reflected this approach was adopted in practice. One staff member commented, "Changes (are implemented) with proper consultation with the staff and they are ones who do the care for the service users so they know the service user best". There was a confidential 'message wall' for all staff to use via the electronic shift scheduling software. This aided communication and helped with gathering appropriate information so the team was able to make more effective decisions. This reflected staff were listened to, recognised and their input was valued.

Staff remained positive about the team work and about the empowering culture that was promoted by the service. Staff complimented the training provision and the support received from the senior team. The provider's website stated: 'every employee is, undoubtedly, a remarkable one, we work for you'. This approach was emphasised throughout our visit. The registered manager told us he believed the people employed the team and the team was privileged to work with people and assist people with getting on with their lives.

We found the provider had an imaginative vision and they ensured innovative ways of putting people at the centre of the service delivery. Because of this the service was very much led by people and people had exceptional opportunities created for them. The significant improvements of people's experiences and how people's voice was used to improve the service had been demonstrated in responsive domain of this report and had been achieved because of excellent leadership provided by the registered manager.

There were additional examples of people's involvement. People, had opportunities to get involved in staff interviews. One member of staff told us how they found it beneficial and they added, "It made the interview more at ease and made me more comfortable". The provider created a series of diplomas that were awarded to people. They told us that following the feedback from people they also wished to have an opportunity to award the staff they introduced new awards. We saw there was a diploma in the provider's office awarded for the 'world's best sense of humour' to the registered manager by the people they supported. Other two staff received Award for Kindness diplomas from people.

The registered manager told us how they piloted a new format of medicines records. However, what they found was the new format had no section to enable people to record they were assisted by staff with taking their medicines. As people liked to have this option as this gave them a sense of control. The team therefore went back to using the old format that met people's preferences and their involvement in the process could be recorded.

The provider's passion to deliver exceptional care and their drive for excellence had been also recognised by external parties. Since our last inspection they were nominated by people for various awards. The provider won the following The Dignity in Care Award run by Age UK and The Great British Care Awards (South) in "The Putting People First - Personalisation Award" category. A member of staff told us about the winning, "It was amazing, we were finalist the year before, absolutely over the moon and our clients felt like winners too". We saw the award was kept in the activity room so people could see it every time they were in there.

The provider's governance was well-embedded and there were effective assurance systems that remained effective and ensured ongoing compliance. The provider welcomed any form of input, since our last inspection they created a new post for a quality and safety officer to ensure an additional layer of auditing.

They saw any feedback as an opportunity to reflect and further improve the quality of the service for people. There were a number of audits carried out on regular basis such as around medicine records. Additionally, there were regular analysis of accidents and annual audits that covered a number of service delivery areas.

People and relative had various opportunities to get involved and to provide feedback. There were regular meetings held so people could discuss how they wanted their support to be delivered. The provider's annual satisfaction surveys were due to be sent out next month.

There was a strong emphasis on continuous improvement and there was evidence available that the team continuously looked for and created innovative ideas on how to positively influence people's lives and how to adapt the service delivery to the changing needs of people receiving support. For example, the provider introduced a new electronic system that allowed them to monitor support delivered to people centrally. This was a significant investment and the use of technology meant the registered manager was able to monitor the records centrally, from the office. The system also enabled the relatives, where appropriate, to access the live records of the person's progress and well-being status. The registered manager explained this transparent approach provided additional peace of mind but also acted as another pair of eyes to ensure the service provided met people's needs. The provider was in a process of exploring how to become an accredited service via the National Autistic Society.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including CQC of notifiable incidents. They also understood the responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open and transparent way and share the information accordingly. Feedback received from the relatives confirmed this was very much the case. One relative said, "They keep me informed".

The registered manager worked in partnership with other organisations and external professionals. They ensured the representatives from the team attended relevant national events such as the Health Care Plus conference to gather information and reflect on new ways of working and good practice. They were a member of the United Kingdom Homecare Association (UKHA). UKHA is the member-led professional association for homecare providers and their mission is to promote high quality care services so that people can continue to live at home and in their local community. Laurel Leaf Support Limited were also part of Oxfordshire Association of Care Providers (OACP). OACP is a membership organisation for all providers of adult social care in Oxfordshire. They were also a member of Skills for Care and the Chartered Management Institute for information on national standards.

The registered manager ensured they kept up to date with the news, developments and improvements available in the sector and this had not gone unnoticed by people's relatives. One of the relatives told us about the registered manager, "He's so experienced and so up to date in what's going in care sector". One external professional said, "I would, and do, highly recommend them to other service users and their families".