

Laurel Leaf Support Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected Laurel Leaf Support Limited on 11 May 2016. This inspection was announced. Laurel Leaf Support Limited is a domiciliary care agency which provides support to adults living in community. Support can range from a few hours each week to twenty four hour support for all aspects of personal care and daily living. At the time of this inspection six people were supported by the service.

There was a registered manager in post at the service. 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 told us they felt safe. The staff knew how to safeguard people and protect them from harm and risk of abuse. Staff had a good understanding of their responsibilities to report any suspected abuse. There were sufficient numbers of staff deployed to meet people's needs. Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service.

The provider had systems in place to ensure safe administration of medicines. People's individual risks were managed and reviewed. Where people were identified as being at risk, management plans were in place and action had been taken to manage these risks.

Staff knew people they supported well and had access to development opportunities to improve their skills. Staff received regular supervision and were confident in their roles. Staff received training specific to people's individual needs.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) and the principles of the Deprivation of Liberty Safeguards (DoLS). This protected the rights of people who may not be able to make important decisions themselves. People benefitted from staff who understood and implemented the principles of the MCA. People told us they were asked for their consent before care was carried out.

People were supported to maintain a healthy diet and their nutritional needs were assessed and recorded in support plans. People were supported to maintain good health and received support with accessing health care services. The registered manager worked in partnership with a number of external professionals to ensure people's needs were met.

People consistently described the staff as 'good' and 'caring'. People and their relatives told us people were treated with kindness and their privacy and dignity were respected. People benefitted from positive relationships they were able to form with the staff.

People told us they were involved in their care. People's needs were thoroughly assessed prior to commencement of the service to ensure their needs could be met. People's care records contained details

of people's personal preferences, likes, dislikes and health needs.

People were supported to live their lives as they wanted and the staff ensured that where possible, people's aspirations were achieved. People were cared for by the staff that encouraged them to retain and gain skills to promote their independence.

The registered manager sought people's opinions through a yearly quality satisfaction survey and regular meetings. The records confirmed provider acted on the feedback received from people. People told us they knew how to raise concerns but they had no reasons to do so. The registered manager ensured any complaints were recorded and responded to in line with the provider's policy.

The registered manager ensured regular audits were carried out to monitor the quality of service. Audits conducted covered all aspects of the service delivery and information gathered was used to improve the service.

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 told us they felt safe when receiving care.

Staff knew how to keep people safe from the risk of abuse and harm.

People were supported to take their medicines when they needed them.

People's risk assessments were up to date and regularly reviewed.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions about their lives. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 (MCA).

Staff received the training and support to care for people effectively.

The service worked well with other health professionals to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefitted from caring relationships they formed with the staff.

Staff had appreciation of people's needs and promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing care plans which provided clear guidance on how to support people in the way they wanted.

People's needs were assessed to ensure they received personalised care.

People's views were encouraged, listened to and acted upon by staff.

Is the service well-led?

The service was well-led.

The registered manager and staff were highly motivated to develop and provide quality care.

The provider had effective systems in place to monitor the quality of service.

The registered manager promoted the culture of openness and honesty.

Good ●

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and 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 11 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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 also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

We spoke with four people and three relatives. We spoke with three care workers and the registered manager. We looked at three people's care records, three staff records and at a range of records about how the service was managed. We also received feedback from two health professionals.

Is the service safe?

Our findings

People told us they felt safe receiving care from Laurel Leaf staff. One person said "Oh yes, definitely safe". Another person commented, "I feel safe when they are around me". A relative commented "We're very pleased; my [person] is definitely safe".

People were cared for by staff who fully understood their role in safeguarding people from harm. One staff member told us, "If there was something I did not agree with, I'd report to my manager". The registered manager was familiar with the processes to follow if any abuse was suspected. The registered manager kept a safeguarding log, records showed the manager investigated all concerns and took appropriate action. This included notifying appropriate agencies and Care Quality Commission (CQC).

People were supported by sufficient numbers of staff. People commented positively on receiving care from regular staff.. One person said, "I see the same staff, I know all of them". One relative commented, "We usually have the same staff, out of four regular ones". The staff confirmed they cared for the same people on regular basis. One staff member told us, "Clients get the same staff, one person who receives double has six regular staff, so the continuity is there". This meant people were able to build trusting relationships with staff.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

Risks to people's were identified, managed and reviewed. People's files contained risk assessments which included, medication management, behaviour, uneven surfaces and for outings in community and other activities.

The registered manager told us they ensured people were enabled to take controlled risks in their lives. Where people had been identified as being at risk, a clear instruction was recorded how to manage these risks. For example, one person wanted to use a hot water bottle. The service supported the person to do so safely and they fully involved the person, their family and the person's social worker. The risk assessment included pictorial symbols so the person was able to understand the hazards. The person was also consulted and agreed for notices to be put up in their property to remind them about the potential risks of using a hot water bottle.

People received their medicines safely. Where people needed support with their medicines, records were accurately completed. Records showed staff that assisted people with their medicines had been appropriately trained. Staff told us people were supported to administer their medicines independently is possible. One staff member told us, "We involve people in administering their own medicine. It would be much quicker if we would do it but we want them to learn".

People's safety was protected in the event of an accident or incident. Accidents and incidents were recorded in a log so that patterns could be monitored and action taken. We viewed the log and noted the registered manager audited the records on regular basis so any patterns could be identified.

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. One person told us, "They are all very good". Another person added "They know what they are doing". One relative we spoke with told us, "Our previous care company let us down and we've been recommended Laurel Leaf and it's been great".

People were supported by staff that had the right skills and knowledge to carry out their roles. Staff told us and records confirmed they received induction training when they started working at the service. The training included areas such as safeguarding awareness, medication management, moving and handling, health and safety, food hygiene and person centred care. The staff also received training in a number of specific areas that related to people's needs. These included autism awareness, epilepsy management, swallowing difficulties and 'breakaway' techniques. This is where staff are trained to manage people's behaviour and how to use the best techniques to 'breakaway' from the person. This training improves staff confidence in applying non-abusive techniques when dealing with behaviour that may be seen as challenging to the person or others. The training met the standards of the Care Certificate's. The Care Certificate is an identified set of 15 standards that care workers complete during their induction and adhere to in their daily working life.

Staff we spoke with were positive about the training and told us the training prepared them well for their roles. One staff member told us, "I had a really good induction, I had two weeks of training and then shadowing (of an experienced member of staff), this definitely prepared me well for the role".

Staff received regular supervision (one to one meetings with their line manager), spot checks and appraisals. Staff told us they found the supervision meetings useful and felt well supported. A staff member said, "The manager is very supportive, he always says to call him if we need anything, I'd never feel afraid to ring him".

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.

The registered manager and the staff had a good understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had received training on MCA and they knew how to ensure people's rights were respected. People told us staff sought their consent before supporting them. We asked people if staff involved them in decisions and one person told us, "Yes, they ask me". The evidence of people's capacity assessments was available. People's records reflected their decision making ability. The registered manager ensured best interest processes were followed when necessary. One health professional who had been involved in a best interest meeting for one person told us, "They supported the person well, they represented the person's needs well and came out with ideas how to manage the situation".

People's dietary needs and preferences were documented and known by staff. Records showed people's specific dietary needs and health professional guidance was reflected in care plans and followed. People

were involved in planning their meals and with the shopping. One member of staff told us, "One person likes eating out and we'll still use card (communication aids) alongside the pub menu to encourage them to eat healthy food". People's care plans showed people were encouraged to have a balanced diet and were supported to have the food of their choice. For example, one person's care plans said, "I need help with making healthy choices". People were encouraged to make their own meals and take part in cooking where possible.

People's health needs were documented in a health action plan and a hospital passport. Health action plans showed people were supported to access health professionals such as nurses, psychologists, dentists or occupational therapists. The support plans contained guidance for staff on how best to monitor and support people's health needs. Any information on individual health conditions was included, along with the actions required of staff to support the person.

Is the service caring?

Our findings

People told us they were happy with the care received. One person told us, "I like the care staff". Another person told us, "I like everybody they're all very good". A relative told us, "The words [person] uses to describe the staff are 'smashing' and 'marvellous'".

People were supported by staff who had a caring approach to their work. Staff we spoke with were committed to providing high quality support and compassionate care. One member of staff told us, "I love this job, it is very rewarding when you go home knowing you helped someone on that day. I am not just a carer I am doing this because I care". Another staff member told us, "I like to think I can make a difference in somebody's life, I love it". When staff spoke to us about people they referred to them with respect and affection.

People's family relationships were promoted. One person was supported to see their relative and additional resources and staff support were put in place to ensure the person was able to go. This was a successful event and meant the person was able to maintain their family relationships.

People's wishes were promoted and people's opinion was sought. One person told us, "Yes, they (staff) ask me, they always ask how I am feeling". A relative told us, "[Person is always respected and allowed to make choices]".

People were supported to pursue their wishes and do as much as possible. . One relative told us, "Last year [person] wanted to go and see a musical tour. We were on tenterhooks but the staff like always, supported them fantastically and sent us a photo of [person] with thumbs up sign from the arena. What an achievement for a young man who had come such a long way from the previous year. This is down to the dedication of all staff involved in his care".

People and their relatives were complimentary about their relationships with staff. They described the team as very caring. One person told us, "They are very good, I can chat and laugh with them". One relative told us, "The previous support agency had failed us. This resulted in [person] losing confidence and their self-esteem was at an all-time low. We have been delighted how Laurel Leaf have supported them in gaining their confidence back and raising their self-esteem. We have nothing but the utmost respect and admiration for all the staff". Another relative added, "I cannot stress the input and dedication Laurel Leaf put in, it is outstanding support. [Person] is now motivated happy and living his life to the full".

People were cared for by the staff that knew how to maintain people's confidentiality. People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. Staff files reflected the staff had signed the confidentiality agreements.

Is the service responsive?

Our findings

People told us staff supported them in a way that met their needs. One person commented, "They are very good, they help me with shopping". Another person said, "They help me with meals". Comments from relatives included, "[Person] is involved, we receive the rota of which staff are coming and the rota contains the pictures of the staff which meets [person's] level of understanding, the staff have a plenty of understanding of [person's] needs".

People's needs were assessed prior to commencement of care to ensure their needs could be met. People told us they had been involved in their care planning. One person told us, "My carer showed me my care plan, yes, I was involved". Another person added, "Manager wrote my care plan, I agreed and I am happy with what's in there". A health professional told us, "They really take time to assess the person and capture things important to them, including all little things important for the person, I trust their assessments and how the support is organised".

Care records contained details of people's personal information, their likes, dislikes and preferences. For example, one person's care record highlighted their preferred method of communication was verbal but that they 'preferred pictures at times, when learning new things'. Another person's care records gave guidance to staff on how to support the person during their meal times, the support plan stated, 'always sit next to me when I eat'. Care plans were detailed and were reviewed on a six monthly basis or before if any changes occurred.

People's individual preferences and needs were reflected. One person's care file stated "I can take things literally, for example, if you say my hands are tied, please consider this when communicating with me". When people needed assistance with communication appropriate aids such as pictorial cards were used.

People received personalised support that reflected their wishes and choices. People were supported to follow their interests and take part in social activities, education and work opportunities. For example, one person wished to have their own cleaning business. The registered manager supported the person to set up their own company and arranged for the person to carry out some light cleaning duties in the communal room used for service users' forum.. The registered manager told us the person recently changed their mind and now they wanted to pursue another career. The registered manager told us they were supporting the person with completing the application form to the local authority's employment service.

People were supported to reduce the risk of social isolation and were engaged in a wide range of meaningful activities of their choice. These were personalised and individual to the person. For example, collecting their own medication and doing shopping. One staff member we spoke with told us how they worked with one person to build their confidence. The staff member told us, "[Person] would not go and buy their own sweets and drinks before. Now they tell us (staff) to wait at the door to the shop and they go to the counter themselves". Another member of staff told us, "One person enjoys cooking and we support them to attend cookery classes".

People knew how to raise concerns and they were confident action would be taken. One person said, "I have

no worries". Another person added, "I have nothing to complain about, I'd let manager or staff know if needed and they would sort it out". One relative told us, "We have never had reason to complain". Records showed there had been one complaint received in the last year. This was a verbal complaint and had been resolved to the complainant's satisfaction in line with the provider's complaints policy. The registered manager showed us they also had a complaints policy in a form of a soft booklet made especially for people who may not be able to understand the written policy. The booklet contained pictorial aids to enable people to express their views.

The service actively encouraged people to give their views and people were able to do so in a number of ways. People gave feedback through annual questionnaires, regular discussions and through 'Service Users' Forum' or 'Together Group' meetings. This was a forum to encourage people to talk about what they were happy with and what they would like to change. Records showed the registered manager acted on the feedback received. For example, we saw records of one meeting that showed people had expressed a wish for another ball to be organised. The event had been organised the week before our inspection. On the day of our inspection the service received a thank you card by post from the person who enjoyed the event.

Is the service well-led?

Our findings

The registered manager provided strong leadership to staff that put people at the heart of the service. The ethos of the service was to aim to offer a person centred service to people and build the service with people and for them.

All people and their relatives we spoke with consistently praised the registered manager. One person told us, "He is a very good manager, everything runs smoothly". One relative told us, "The manager provides an outstanding service to the service users. He has introduced lots of new daily and evening activities based on what people like to do".

Staff we spoke with were positive about the registered manager, about the support they received from them and the team work. Comments included, "Brilliant, very approachable" and "The team made me so welcome when I started, I think the service is very well run". The staff told us and records confirmed that monthly staff meetings took place. The meetings were recorded and areas such as dignity, safeguarding and team performance were discussed.

People's relatives commented positively on excellent communication with the service. One relative told us "The staff keep us informed as to what is happening with regards to [person's] health, for example they recently were poorly and the staff kept us informed with daily calls".

The provider had a whistleblowing policy. Whistleblowing is a way in which a member of staff can report concerns, by telling their manager or someone they trust. Staff told us they would always report any concerns to the manager. Staff were confident the registered manager would listen to them and take appropriate action to keep people safe. Staff knew they could contact other external organisations if they felt their concerns were not been acted upon. One member of staff told us, "I could go to social services, Care Quality Commission (CQC) or even the Police".

The registered manager completed regular audits to monitor the quality of the service. Audits included, health and safety, care planning, medicines management, complaints and safeguarding records. Information was analysed and action plans created to allow the registered manager to improve the service. A recent audit showed a number of objectives were set. For example, to ensure the training programme was tailored to people needs. The registered manager contacted the training provider to ensure the training provided to the staff will be specifically around the needs of the people who used the service.

The service worked closely with other healthcare professionals including GPs, social workers, psychologists and other specialists. One of the external professionals told us, "I like using this agency as they 'get it' and they understand the needs of young people well".

The registered manager was actively involved in key local and national organisations. The registered manager was a member of the United Kingdom Homecare Association. This meant they adhered to the high standards of care and support set out within the Association's Code of Practice. The service was recently

announced as one of the finalists in the National Business Awards for their work in the community.