

Freedom Care Limited

Freedom Care Limited - 70 Conway Drive

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 17 and 18 December 2015. It was an unannounced inspection.

Freedom Care Limited – 70 Conway drive provides accommodation for two people. Both were present on the day of our inspection.

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

People told us that they felt safe and well supported by staff. Staff understood how to keep people safe and were able to report concerns if required. Safeguarding concerns were not always reported to the local safeguarding authority as required.

People were involved in the planning and reviewing of the care that they received. Their achievements were celebrated and outcomes were positive. People were supported to engage in activities that were meaningful to them and that they enjoyed.

Risks associated with daily living were assessed. Staff received guidance on how to minimise risks. The environment was homely and well maintained but some health and safety checks had not been consistently carried out. Fire safety checks were carried out and there were procedures in place for staff to follow however recommendations from the fire department had not been followed up.

The service did not always follow safe recruitment practice. We saw that there were occasions when the relevant pre-employment checks had not been carried out.

People's independence was promoted and decision making encouraged. Staff knew people well and treated them with kindness and compassion. People enjoyed the meals provided and where they had dietary requirements, these were met. People were supported to maintain their health and wellbeing. They received their regular medicines as prescribed and had access to health professionals as required.

Where people required support to make decisions, the service did not always follow the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were able to demonstrate that they had an understanding of the Mental Capacity Act (2005) and how it might apply to the people who used the service. People using the service were not always asked their consent. CCTV had been installed in the home without due consultation.

Staff received training and support to enable them to meet the needs of people using the service although training records were not always kept up to date. The manager and staff team were clear of their role in

ensuring best interest decisions were made for people if required. Staff had a clear understanding of their role and how to support people who use the service as individuals.

Staff felt supported by the registered manager. People who used the service felt they could talk to the manager and had faith that they would address issues if required. The provider had sought the opinions of family members and staff and acted upon their findings. However they had not done so when installing CCTV in the service.

There were not always appropriate systems in place to monitor activities and to learn from mistakes. Where shortfall had been identified these had not always been acted upon in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff understood their responsibility with regard to identifying and reporting safeguarding concerns. Safe recruitment practice was not always followed. Vital health and safety checks were not consistently carried out. Fire safety checks were carried out and there were procedures in place for staff to follow however recommendations from the fire department had not been followed up.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported to maintain their physical health. Staffing records indicated that not all staff had received the necessary training to ensure that people's needs were met. The service did not always support people in line with the Mental Capacity Act (2005).

Requires Improvement ●

Is the service caring?

The service was not consistently caring

People told us that they felt cared for and comfortable living at 70 Conway drive. People were supported to be involved in their care and the service sometimes used visual communication tools to support people's understanding of what was happening. CCTV had been installed in a communal area of the home without consultation which meant that people's privacy was not respected.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. People were involved in planning and reviewing their care. The provider had requested feedback from staff and family members and acted on this.

Good ●

Is the service well-led?

The service was not always well-led.

There were not always appropriate systems in place to monitor activities and to learn from mistakes. Staff felt supported and had faith that the manager would address any issues they had. The implementation of CCTV in the service had not been supported by a clear rationale or guidelines.

Requires Improvement 

Freedom Care Limited - 70 Conway Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 December 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service during our inspection and two relatives of people who use the service after the inspection.

We spoke with the registered manager and four care workers. We looked at the care records of the people who used the service and other documentation about how the home was managed. This included policies and procedures, medicines records, staff records, handover records, staff rota and records associated with quality assurance processes. After the inspection we spoke with the provider and the area manager.

Is the service safe?

Our findings

Relatives of people who used the service told us that they felt people were safe. People supported told us "They [staff] take care of me." Staff members told us that they felt people were safe.

Relatives told us that staff supported people to complete tasks that could be risky for them. For example on relative told us, "When [relative] goes and makes his tea staff are there to watch over him." We saw that care plans were in place which helped staff to understand the risks associates with people's support and provided guidance about staff were able to minimise them.

On the day of our inspection we saw that each person had their own staff member supporting them. One person told us "I've got lots of support workers." We saw from the rota that this was the usual staffing level. The registered manager told us that there were sufficient numbers of staff to meet people's assessed needs staff confirmed this. We were also told that there was an 'on call' arrangement so that advice or support from senior staff could be sought in an emergency. People using the service could be confident there were enough staff to meet their needs.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. We were made aware that there had been an incident between two people living at the home that should have been reported to the local safeguarding authority. The registered manager told us they would do so and ensure any further incidents were reported.

The service did not follow safe recruitment processes. We looked at the personnel files for three staff members. We saw that there were occasions when the relevant pre-employment checks had not been carried out. On one occasion we saw that a staff member has started working for the organisation but that they had not received clearance from Disclosure and Barring Service (DBS). DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. On another occasion suitable references had not been requested. This meant that the service could not be sure that the staff employed were suitable to keep people safe. We discussed this with the registered manager who told us that the recruitment systems had recently changed and as a result some checks had been missed. After the inspection we discussed the shortfalls in recruitment with the area manager who informed us that internal audits had picked up some of the shortfalls identified and that the organisation was working to meet the necessary requirements. Since our inspection the registered manager has been actioned to ensure all recruitment checks for existing staff were made safe as a matter of priority.

People told us that staff managed their medicines and that this helped them to feel safe and be confident that they would receive their medicines as prescribed by their doctor. One relative told us, "Medicines are locked away, there are no problems."

We were able to see within some staff member's files that they had received training to administer medicines to people safely and that this training had also included a practical element and competency checks. Medicines were stored securely however the temperature of the medicines cabinet was not regularly checked and recorded. We also found that not all of the medicines that were required to be dated when opened had been, as recommended in the manufacturer's guidelines. The manager told us that they would arrange for temperatures to be taken and open dates recorded so that they could be assured that medicines were stored as per the manufacturer's guidelines and would not therefore lose their effectiveness.

We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was undertaken daily. Where people had PRN [as required] medicines there were protocols in place however, these needed greater clarity. This included clarifying when to offer the PRN medicine and how to support a person with their PRN medicine if they became anxious. The registered manager told us that staff were required to inform senior staff members when they felt that people required PRN medicines, this was not clear from the protocols in place. This meant that people were at risk of not receiving their PRN medicines as prescribed.

We were told that finances for one person were managed by the service. One relative told us "Yes, they look after the money." "We could look at the accounts at any time." The provider was the appointee. We found that systems in place to ensure that people's money was kept safe were robust in some areas but we identified an area where practice could be tightened up to ensure that people's money was kept safe. We discussed this with the provider who has since our visit assured us that they have implemented a new system with added safeguards and are completing a backdated audit to ensure people's money was managed safely.

We saw that processes were in place to ensure that environmental risks were identified and control measures put in place to manage the risks safely. However, we saw that measures were not always followed as they should be. For example where staff were required to document that they had completed essential water temperature testing and domestic cleaning tasks this was not being consistently done.

Fire safety checks were carried out and there were procedures in place for staff to follow. We saw that firefighting equipment was in place and that it had been tested for its safety. We were made aware that the fire officer had visited in July 2015 and that they had made some recommendations. The registered manager had not ensured that these recommendations had been addressed or that the fire risk assessment had been reviewed to reflect these. We also saw that a fire evacuation drill had not taken place in the past 6 months. This was a concern as on the last drill one of the people using the service as well as their support staff had not gone to the appropriate muster point. The registered manager offered us assurances that these would be addressed.

There was a business continuity plan in place to be used in the event of an emergency or an untoward event but the registered manager was not aware of the plan at the time of our inspection.

Is the service effective?

Our findings

People told us that they were supported by staff who had the knowledge and skills to meet their needs. One person said "[staff member] is spot on", A relative told us "Staff are on top of their game. They are always helpful."

We were told that when new staff started working for the organisation they were paired with another experienced staff member who they shadowed. We saw that one new staff member had received induction training and had completed shadow shifts. Training records for all new staff were not always completed. This meant that the registered manager could not be sure that all staff had the necessary skills to meet people's needs.

Staff told us that they were provided with training in order to help them meet the needs of the people who used the service. Training courses included safeguarding people, food hygiene and health and safety. The registered manager told us that most training courses were completed by staff on line but some training, for example first aid and physical intervention training was completed 'face to face'. We requested to see the training records for staff members. The registered manager told us that the records were not currently up to date as they were being collated at the main office. This meant that the registered manager could not be assured that all staff had completed the necessary training in order to be able to support people effectively. After the inspection we were told by the registered manager that some outstanding training courses had been booked and that the provider intended to employ someone to maintain all of the organisations training records.

Staff told us that they felt supported by the registered manager and that they met regularly with them. One staff member said "I get support from the manager." The registered manager told us that they aimed to carry out staff supervision every two to three months. We saw from the three records that we looked at that supervisions were not always happening within that time frame. However staff told us they felt they could go to the manager whenever they felt the need. The registered manager confirmed this. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Supervision records did not consistently indicate if training or support needs were discussed.

People were supported to access health professionals and maintain their physical health. On the day that we inspected one person was being supported to access the GP due to ill health. Another person was being supported to have an essential medical procedure that they were scared off. The service had involved the person's relative and the district nurse to implement a desensitisation program to try and support the person to be able to have the procedure in the least distressing manner.

People were involved in choosing the meals that they wanted and purchasing and preparing meals for themselves with staff support. One staff member told us that they used photographs to help people make choices around their menu planning. One relative told us, "He is feed well, he loves his food." Staff told us told that people's dietary preferences were taken into account. Staff told us that they encouraged people to eat healthy menu's reflected this. People had access to food and drinks throughout the day. We saw from

records that people's weight was monitored in accordance with their assessed needs.

We saw that the service supported people to manage their anxieties and implement measures to support them to remain calm. We saw behaviour support plans that staff followed to reduce anxiety levels and defuse situations when people displayed behaviour that challenged. These were written with and based upon the person's individual needs and preferences and followed a positive behaviour support model. We saw that a 'star chart' had been implemented to encourage people to avoid behaving in particular ways. People seemed to have an understanding of its use. One person said, "You get seven stars then you get a treat." The use of the star chart had not been recorded in people's care plans, staff did not consistently understand how to use the star chart and we saw that it had not been used over the two days that we inspected the service. We discussed this with the registered manager and senior staff who told us they would review its use and implement guidelines for staff.

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. Staff were able to demonstrate that they had an understanding of the Act and how it might apply to the people who used the service. We found that assessments of people's mental capacity had been carried out for some decisions but not for others. These included decisions around consenting to medical interventions, having money managed by the service and support required for personal care. Where people were found to lack capacity to make informed decisions best interest decisions should be made. The registered manager said that they would review each person's support and where necessary complete assessments.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager had followed the requirements of the DoLS and had submitted applications for standard authorisations to the local authority for people at the service that were under constant supervision. Staff understood their role in terms of ensuring the safeguards were followed.

Is the service caring?

Our findings

People told us that they felt cared about. "[Staff member] he is nice, I love [staff member]." One relative told us "It's a great spot for him; I can't say anything against it." Another relative said "It's a fantastic place. Staff told us that they enjoyed having the time to spend with service users and providing consistent care. One staff member told us "I love the homeliness." Another staff member told us. "It's their home, everything is around them [people using the service]"

People told us that they felt comfortable living at 70 Conway drive. One person said "I live with my friends." Relatives confirmed this, one said "He gets on with the staff and [other service user]."

People told us that their bedrooms were respected as private. We saw staff knocked on people's bedroom doors and waited for a response before entering. We saw that people's bedrooms and communal spaces had been furnished and decorated to their tastes.

We saw that people were supported to be involved in their care and the service used visual communication tools to support people's understanding of what was happening. We saw that a staff photo board was in place that helped people understand which staff would be supporting them. We also saw a visual schedule which outlined the key activities for the day. We found that these were not based on individuals assessed communication needs and were not used consistently. For example we saw that the activity board had not been changed when we arrived for our second day of inspection. This meant that people were not always given information in the format that they preferred or best understood.

We were told that CCTV had recently been installed around the outside of the building and in the lounge of the home. People were aware that the cameras were in situ but had not been asked for their permission before the cameras had been installed. Relatives were also not aware that the cameras were going to be put in but neither had a concern about their use. We were told that the provider would be reviewing how the implementation of CCTV was made and take appropriate action to get consent from people.

Staff told us that they encouraged people to be as independent as possible. "We ask [person using the service] if they would like to help out in the kitchen, things like peeling potatoes or washing pots." We saw one person was supported to help put their laundry away during our inspection.

We observed that staff spoke to people with respect and kindness. One of the people who used the service was not well on the days we visited. Staff had been careful to offer them more sedate activities or suggest that they rest appropriately. Where people had a particular interest staff spent time discussing these with them. One person was being supported to visit a local attraction on the day of our inspection. This had been offered to them as the staff member thought they might enjoy it as the person had shown an interest in similar things before.

The service had confidentiality and professional boundaries policies. Staff understood the need to follow these. We were told that where staff had previously not adhered to the confidentiality policy they had been disciplined as a result. This showed that the manager took seriously their responsibility to ensure that

people's private information was kept safe.

Is the service responsive?

Our findings

We saw that people contributed to the planning and reviewing their care. People and key workers who helped them to manage their support needs. Key workers met with people regularly to find out from them what they enjoyed and if they had any worries. We saw that adapted visual communication tools were used to try and encourage feedback from people.

Relatives told us that they felt involved and informed and that their opinion mattered. One relative said "They [staff] speak to me on Monday nights and tell me what he has been doing. If he has been to the doctor or dentist they keep me informed." Another relative said, "I get sent paperwork every now and then so I know what's going on." Relatives told us that there were no restrictions on them visiting.

We saw that people's achievements were celebrated. People had a 'life in pictures book' that they were encouraged to complete with staff support with photographs of them engaging in activities. This helped people to see the things that they had done and reflect on their progress.

People were supported to follow their interests. One person told us "[staff member] takes me swimming and other places on the train." Relatives told us that people engaged in a number of preferred activities. One said "He gets out and about, swimming, horse-riding. He has a Leicester City season ticket." One person was being supported to access a voluntary job. Staff understood about people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. This meant that staff provided support that was specific to people individual needs and preferences.

People told us that they knew how to make complaints if something was wrong. One person said "I would tell [registered manager]". Family members were aware of how to complain and who to speak to. They told us that they would feel able to make a complaint and they had faith that it would be listened to and addressed. We observed that an information board in the foyer which displayed the service complaints procedure as well as details for outside agencies to whom people could contact to make a complaint. We saw that the provider had followed their complaints procedure when responding to and addressing complaints made by members of the general public.

The provider had conducted a survey of family member's views. The majority of the feedback from family members was positive. Where they had raised a concern this had been addressed by the provider. For example results showed that some family members were unsure about people's involvement in planning their own care. The provider had responded by putting together a service user and family care information pack. This offered information about internal processes, staff training and how the service writes and reviews care plans. We were able to see an action plan devised by the provider. This set out how the provider intended to deal with the issues raised from the survey, including making changes to the survey so that it would be clearer to families next time it was sent out. This showed that the service was keen to receive feedback and acted on it when it was received.

Is the service well-led?

Our findings

The registered manager carried out monitoring of the systems in place within the service, however these were not always recorded. Medicines storage and recording was not routinely audited to ensure that safe practice in line with current guidance was being followed. The manager told us that they would implement a formal auditing system. Where medicine errors were identified these were addressed by the registered manager however actions were not always documented. This meant that there were not appropriate systems in place to monitor activities and to learn from mistakes.

Staff had been delegated to oversee the health and safety checks and cleaning schedules that were required in the service. Records showed that these were not being consistently completed. Where short falls had been identified they had been addressed however they had not always rectified the concern. This meant that the registered manager could not demonstrate that effective quality monitoring systems were in place.

Staff told us that they were offered de-briefs after having experienced behaviour that challenged by the people who use the service. They told us that this meant that they felt supported and that other staff and the management team appreciated some of the difficulties within their role. The registered manager told us that de-briefs also enabled them to learn from situations that had occurred and look for ways to prevent similar situations happening again.

We saw that staff meetings had taken place, staff told us that they were effective. We saw that staff meetings were used as a way of communicating information and provided an opportunity for staff to provide feedback. We also saw that the registered manager used these meetings to remind staff of specific guidelines around service policies and procedures.

Staff told us that they felt supported. One person said "If I'm stuck on things I can go to the office and we can talk things through." We were told by one staff member that the management team had been particularly flexible in supporting them with an area of their role that they were struggling with. Another staff member said "If I bring up an issue it gets sorted. The management team do listen to us."

The provider had carried out a staff survey. As part of the survey 81 per cent of staff said that they would recommend the company as a "Great place to work." We saw that the provider had responded to staff after the results of the survey had been analysed. We saw a memo sent to staff thanking them for their hard work and commitment. Where areas were identified as requiring improvement the provider had shared these with staff and had actioned a plan to make improvements.

The registered manager told us that they felt supported by the organisation as a whole and they received regular supervision. The area manager visited the service weekly and conducted internal auditing. An internal audit had picked up shortfalls in the services recruitment procedures and as a result the recruitment process was in the process of being made more robust. We saw that other areas had been identified as being in need of addressing in February 2015, such as maintaining and updating training records but these had not yet been fully actioned. Audits were not always formalised. The area manager informed us that the

organisation was working towards formalising audits and ensuring that these happen on a regular basis.

The provider had policies and procedures that promoted openness and encouraged staff and people using the service to raise concerns or question practice. We saw evidence that the provider had acted on concerns of a person who had used the service and had changed the way care was delivered. On the whole people using the service were involved in decisions about how the service was run but this was not always the case.

We found that the implementation of CCTV cameras at 70 Conway drive had not taken place in consultation with the people who used the service or their families or advocates. The rationale behind the implementation had not been documented and policies and procedures were not in place to make clear how and when it could be used. There are requirements which should be met when using CCTV which the provider had not followed. Since our inspection we were given assurances that they were reviewing the system and intended to conduct a retrospective consultation.

After our inspection we were told that the provider and management team had a plan for making improvements in the next 12 months. A more robust quality monitoring process was to be implemented and monitored in an effort to drive improvement.