

Freesprings Limited

# Freesprings Ltd

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Freesprings Ltd is a domiciliary care service registered to provide personal care for older people, younger adults and people living with dementia, mental health conditions or physical disabilities living in their own houses and flats in the community. We discussed with the provider that they were providing a service outside the specialisms they had registered for.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection there was one person using the service.

### People's experience of using this service and what we found

There were gaps in the registered manager's knowledge about current best practice and statutory guidance. The registered manager did not ensure the care and support embraced people's preferences of gender of the staff supporting them. Not all staff had received up to date training in the basic core areas which meant the registered manager could not be assured staff were providing people with safe, effective and person-centred care and support.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. The staff and management team had not received training to support people living with a learning disability.

Care plans lacked detail about people's likes and dislikes and general information about their physical and mental health conditions. The provider's risk assessment process did not cover all aspects of people's care and lacked detail to clearly tell care workers what to do to mitigate identified risks. People's care needs and preferences were assessed before people started to receive support to help ensure their needs could be met. However, not all information learned through assessment and subsequently through working with people was incorporated into care plans.

The registered manager had not identified the concerns we raised during this inspection in relation to care records and risk management, staff training and competency assessments, record keeping and recruitment processes. The registered manager was open and honest throughout the inspection process. They acknowledged the shortfalls and identified improvements required. After the inspection site visit the registered manager developed an action plan to address all the identified shortfalls.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had enough staff to meet the person's needs and to manage any changes. A relative said staff were punctual and had never missed a care call. Staff received training in infection control and had access to personal protective equipment, relatives said staff wore face masks when in people's homes providing care and support. The registered manager had systems in place to help ensure learning from events, incidents or accidents that may occur.

The registered manager and staff provided safe support; this was confirmed by a relative. The registered manager was aware of their responsibility to report safeguarding concerns for external scrutiny and to notify CQC. At the time of this inspection no one receiving a service required support with medicines.

Staff provided kind and compassionate care. A relative said staff were polite, courteous and respectful to both the person using the service and to the wider family. An external professional said the care delivered was appropriate to meet people's needs. People, and their relatives where appropriate, were involved in decisions about their care and support.

The person and their relatives were happy with the care they received and felt they were supported in their chosen way. Staff supported the person with their interests and social activities. The registered manager had a system in place to record and monitor complaints to help ensure they could identify any action required or if there were recurring issues. However, no complaints had been received at the time of this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 June 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the overall management of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Freesprings Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 November 2022 and ended on 09 November 2022. We visited the location's office on 08 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the provider registered in June 2020. We

sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We reviewed a range of records including care records and staff recruitment records. We spent time with the registered manager exploring their understanding of their responsibilities regarding operating a safe and effective care service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with a relative by telephone about their experience of the care provided. We received feedback from an external professional involved with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- As part of assessment and care planning, some risks to people's health and welfare were identified and actions taken to mitigate the risk. However, we found the provider's risk assessment process did not cover all aspects of people's care and support including personal care tasks. For example, A person needed occasional support with showering and no risks had been considered or assessed for this activity.
- Risk assessments lacked detail to clearly tell care workers what to do to mitigate identified risks.

### Staffing and recruitment

- The service had enough staff to meet the person's needs and to manage any changes. At time of the inspection the registered manager was directly providing care with a small team of care staff who could provide any cover needed. A relative told us, "Staff are always punctual and have never missed a care call."
- The provider had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people. Some improvements were needed to include confirming original identity documents had been seen and to ensure appropriate references were secured for all staff employed to provide care and support.

### Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment such as face masks, disposable gloves and aprons.
- Relatives told us staff wore face masks when in people's homes providing care and support.
- The registered manager and staff had received COVID-19 training however, had not received specific training to help ensure PPE was put on and taken off again safely to help avoid transmission.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff provided safe support. This was confirmed by a relative who said, "The smile on [person's] face tells me all I need to know, he is safe with the care workers."
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority for external scrutiny and to notify CQC.
- Staff received safeguarding training; however, the registered manager acknowledged their awareness in this area would benefit from refresher training and undertook to attend this as soon as practically possible. At the time of this inspection, no safeguarding concerns had been raised.

### Using medicines safely

- At the time of this inspection no one receiving a service required support with medicines.
- Staff had received some training to give them the skills to administer medicines safely. The registered manager undertook to provide refresher training for all staff in this important area as they wished to grow their business and offer a service to the wider community.

#### Learning lessons when things go wrong

- The registered manager had systems in place to help ensure learning from events, incidents or accidents that may occur.
- The registered manager told us learning from untoward events would be shared with staff during meetings, supervisions or via messages. No such events had occurred at the time of this inspection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care needs and preferences were assessed before people started to receive support to help ensure the person's needs could be met. However, we found from reviewing care plans and through discussion with relatives and the registered manager, not all information learned through assessment and subsequently through working with the person had been incorporated into care plans. Current staff knew the person well and met their needs however, not all the information was not recorded which meant it was not available to guide new staff to provide consistent care and support.
- Personal preferences were sought and recorded in detail. This included information about the person's preferred daily routines.
- The registered manager remained in regular contact with people, and their relatives, to ensure the planned care package was working well.

Staff support: induction, training, skills and experience

- Staff received training in some areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. However, there were some areas where required training had not been delivered. For example, training to give staff and management skills and knowledge around mental capacity and deprivation of liberty safeguards and learning disability training amongst others.
- The registered manager had developed a system for staff supervision and competency checks. This helped ensure staff were working in the required way and were provided with support in their roles.
- Newly recruited staff would undertake a full induction. The registered manager told us this included a period of shadowing experienced staff to introduce them to people and provide opportunities to demonstrate how people wished their care to be delivered.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff and management had not received training in the Mental Capacity Act.
- Consent was sought and recorded before staff supported the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans documented people's health history, conditions or past illnesses which could affect their well-being.
- Staff knew what to do if the person became unwell or needed additional support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided care that was kind and compassionate. A relative told us staff were polite, courteous and respectful to both the person using the service and to the wider family.
- The registered manager sought regular feedback from people to assure themselves care was being delivered appropriately and in a kind and compassionate manner.
- An external professional told us the care delivered was appropriate to meet people's needs. One comment received included, "The family have reported a positive relationship between [person] and the care worker. The relatives felt they had a good understanding of [person's] needs and are able to keep them safe when they are out in the community."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care plans recorded that the person and their relatives were involved in the decision-making process about the care and support they would receive.
- There was regular communication between the management team, staff and people where all were encouraged to express their views. Any information gathered was used to develop individual care plans, where appropriate, and how the service delivered care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans would benefit from further detail about people's likes and dislikes and general information about physical and mental health conditions. For example, where people live with conditions such as mental health, epilepsy, learning disability, autism and dementia, care plans need to have detailed information. This is so staff have the right information to enable them to provide people with consistent and safe care.
- The person and their relatives were happy with the care they received and felt they were supported in their chosen way.

End of life care and support

- The registered manager acknowledged the concept of serious illness, death and dying had not been approached with people or recorded for staff to be aware of their wishes should these circumstances occur. This is important to ensure emergency health professionals can be given accurate information about people's wishes which could impact the correct treatment being given. Following the inspection visit the registered manager gave assurances this aspect of care plans would be addressed going forward.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the accessible information standard. However, people's communication needs were not clearly recorded in people's care plans. This meant new staff would not have the information to support them to effectively communicate with people or understand people's communication with them.
- Relatives confirmed staff had developed strategies to communicate with people. Feedback received included, "They understand [person's] language."
- The registered manager advised information could be made available in a different format, if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person with their interests and social activities.

- We saw that records were maintained of how the person was supported by staff to carry out tasks and complete activities they enjoyed.

#### Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. This was to ensure they could identify any action required or if there were reoccurring issues. However, no complaints had been received at the time of this inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager told us they kept up to date with the latest guidance and networked with other providers. However, there were gaps in the registered manager's knowledge in relation to current best practice and statutory guidance they were required to understand.
- The provider was providing specialist support they had not been registered to provide. The provider acknowledged this and stated they would apply to make the required amendments to their registration.
- The registered manager did not ensure systems and practices always followed the guidance in the Right Care Right Support Right Culture policy (RCSCRC). CQC expects health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity and independence that most people take for granted. For example, the care and support provision did not always embrace people's preferences for choice of gender of the staff supporting them. This meant person centred approaches were not always promoted or delivered.
- Quality assurance systems had been devised, however, were not in use at this time as the service was so small. The registered manager had not identified the concerns we raised during this inspection in relation to care records and risk management, staff training and competency assessments, recruitment processes and record keeping.

Systems were ineffective for assessing and monitoring the quality of care, safety and personal needs of people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection site visit the registered manager developed an action plan to address all the identified shortfalls. They had secured help from an external professional to support growth of the service and their regulatory understanding. This included membership to the local care provider's association, with regular updates being sent to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager was open and honest throughout the inspection process. They acknowledged the shortfalls and identified improvements required and expressed their intentions to engage support from an external professional to achieve compliance with the regulations.
- Feedback about the approach of the service from relatives was positive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought through face to face visits with people and their relatives by the registered manager. There were plans in place for when the service provided care to more people which included quality assurance calls and surveys. The registered manager said this feedback would be used to improve the quality of the service.
- Staff feedback was sought through team meetings and supervisions.

Working in partnership with others

- The service only supported one person at the time of our inspection and had not had the need to work with other agencies. The person and their relative managed their own contact with other professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place or not effective to assess and monitor the quality of care, safety and personal needs of people using the service.