

Freedom Supported Living Limited

# Freedom Supported Living Registered Office

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Freedom Supported Living is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability. Support is provided to both individuals and to people living in small group settings. At the time of our inspection there were four people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. The service ensured any incidents were recorded and investigated. Systems were in place to promote learning and improvement from any incidents to avoid them happening. People were supported to manage the risks in their daily lives. Positive risk-taking strategies maximised people's opportunities to engage in activities. Staff had been recruited safely and people were involved in recruiting their staff. At the time of the inspection no one was receiving medication, but we saw that staff had received appropriate training in medication.

People's needs had been thoroughly assessed and care plans were detailed. Due to the service being small staff knew the people extremely well and felt the care plans provided enough information to understand what support the person needed. Staff had received regular training and supervision to support them to meet people's needs. A comprehensive induction programme ensured new staff had a good understanding of their role and the values of the organisation. People were supported to maintain their health and wellbeing, through access to a range of health services.

The service was compliant with the Mental Capacity Act. 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 service promoted people's choices.

People received person-centred care which was responsive to their needs. Care and support plans had been regularly reviewed to reflect any changes in the person's needs and wishes. People had been referred for further input from professionals when required. People were encouraged to raise any concerns. No formal complaints had been received.

The registered manager failed to return the PIR, which is information we request prior to inspection. This has impacted on the rating. The registered manager was committed to providing high-quality, person-centred care. Staff spoke highly of the registered manager and the values they set. Roles and responsibilities were clear. Regular audits ensured care was provided effectively and records were accurately maintained.

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

The last rating for this service was Good (January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.□

# Freedom Supported Living Registered Office

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out. We wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we contacted the local authority for feedback. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and

improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with all four people who used the service and two members of staff, including the registered manager. We reviewed the care records for two people. We looked at the recruitment records for one staff, policies and procedures, complaints, quality assurance records and staff supervisions.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm by robust systems the service had in place. One person told us, "I feel very safe here. I know not to let people in without checking their identification badges. If you didn't have one, I wouldn't have let you in."
- Staff we spoke with could identify what might be a safeguarding concern and were knowledgeable about how to raise concerns. We reviewed the service's safeguarding records and found they had followed procedures

Assessing risk, safety monitoring and management

- Staff completed risk assessments in relation to people's health and social care needs. The service regularly reviewed risk assessments to ensure they were up to date and had amended risk management plans when required

Staffing and recruitment

- Staff had been recruited safely. People were involved in interviewing and recruiting staff. All necessary pre-employment checks had been completed, prior to people starting to work. Staffing levels were sufficient to support people safely. Staff worked long shifts with sleep ins. They told us this was their preference and worked better for the individuals they supported. This meant it allowed them to travel to lots of different places for activities.

Using medicines safely

- Staff had been trained to administer medication safely and staff had reference to good practice guidelines, policies and procedures. At the time of the inspection no one was receiving medication.

Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies which were based on best practice guidance. We saw there was personal protective equipment, including gloves and aprons available throughout people's homes.

Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. The registered manager explained that although there had been no recent incidents and accidents, if they occurred, they would be thoroughly investigated and lessons learned, to prevent things from happening again.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs and choices to ensure the service could meet them. Thorough assessments had been completed which included all aspects of people's health and care needs. People were involved in their assessments and care plans and contributed their views.
- Staff worked together to ensure that people received consistent, person-centred care and support.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed evidence of partnership working with other agencies to ensure consistent and effective care. For example, doctor's, dentists and social workers. Reviews were held regularly and people were actively involved in decisions about their care.

Supporting people to eat and drink enough to maintain a balanced diet

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. The service ensured staff received training appropriate to their roles. We reviewed training records and found people had received a robust induction programme. Records we reviewed, showed people were being supported as described in their care plans. Staff told us they had received appropriate training to understand their role.

Supporting people to live healthier lives, access healthcare services and support

- The service ensured people's health needs had been assessed. This included information from community-based health professionals and families. Appropriate referrals were made to other professionals, when required. People had been supported to maintain their health. Regular health checks and screening was completed, for example one person had recently attended a breast screening check and had accessed a course around managing diabetes. People had hospital passports which included detailed information about their health and communication needs. These helped health staff to understand their needs. People also had health assessment plans.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The service was compliant with the principles of the MCA. Staff understood the importance of consent and we observed staff gaining consent from individuals

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People experienced kind and caring support from staff who were committed to supporting them respectfully. People told us, "The staff are wonderful". Staff told us, "I love working here, it's just like an extension of my own family." Staff were caring, knowledgeable and were passionate about the people they cared for. It was evident they knew them well.
- People told us, "The staff are so caring. Nothing is too much trouble," and "The service is brilliant, so much better than where we lived before."
- People's equality and diversity needs had been recorded in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and be involved in decisions which affected them. One person told us, "We are always asked if we are happy with everything." We saw evidence of consultation through review questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We saw staff supporting people in respectful ways which upheld their dignity. Staff we spoke with understood the importance of respect and dignity.
- People had been supported to maintain and improve their independence.
- We observed positive interactions which demonstrated warmth, humour and compassion. One person told us, "We have a laugh with them. it's just great."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which was responsive to their needs and reflected their wishes and preferences. People's interests had been identified and the service worked hard to achieve positive outcomes for people. For example the service had supported an engaged couple to secure a tenancy and live together.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of people's communication needs and people had the option to have information in formats they understood.
- People were supported to express their views and have control. People's needs and care plans were reviewed and updated regularly by the staff. Where needed, people had been referred to other professionals for assessment and support.

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

- People were engaged in activities which reflected their choices. One person told us, "We go all over, anywhere we want. I'm really looking forward to my holiday in Cornwall next week. People told us they had opportunities for meaningful activities. One person told us, "I enjoy going swimming."
- People were supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them. For example one individual played guitar and accessed an acoustic night, with other musicians. They had also played music to local residents in care homes.
- People were encouraged and supported to develop and maintain relationships with people that matter to them. For example, one couple supported within the service told us how they were supported to maintain their relationship and live together. Another person told us they enjoyed having regular contact with their family and this was achieved through the use of an accessible phone.

Improving care quality in response to complaints or concern

- People we spoke with told us they knew how to raise complaints and felt able to do so. People were asked if they had any concerns and felt listened to. The service had a complaints policy and procedure and people we spoke with were aware of who they could contact.

## End of life care and support

- People had been supported to consider their wishes and make plans which reflected any cultural and religious considerations. The service had made a memorial area in the garden for people's family members and friends. The service was proactive in discussions around people's preferences and choices in relation to end of life care. Records we saw were very comprehensive and included, types of services, flowers and music.

# 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. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This was due to the provider not returning the PIR information. This was due to an administrative error which meant we had not been able to contact them with other important information. The provider had not updated us with their change of contact details so the PIR had been sent to an incorrect address. This situation is a ratings limiter for the well-led key question.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did however support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care which reflected their needs and aspirations and was delivered by staff who were committed to the values of the service.
- Staff we spoke with felt committed to achieving positive outcomes for people. The culture of the service was open and positive, it was clear people were treated as individuals.

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

- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. We found the service had met their obligations in this area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure was clear and the registered manager ensured staff were supported to fulfil their roles by regular supervision and feedback. Staff had confidence in the management team and praised their availability and approachability.
- The quality of the service was maintained by the registered manager who used regular auditing to assess and monitor the delivery of care and support and associated record keeping.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had strong links with the local community. One person told us how they had developed a really good relationship with their neighbours, who looked out for them.
- People were encouraged to be engaged with the service, share their views and contribute to service development. We saw a variety of ways they communicated with people receiving a service through regular

meetings and surveys.

- The staff team being small meant they saw the registered manager regularly and were in constant contact. Staff engagement was also achieved through team meetings and supervisions. Staff felt able to contribute to the team meeting agenda and raise any issues or concerns.
- Continuous learning and improvement was achieved. We saw the service was open to consider all incidents and concerns that may arise.

Working in partnership with others

- The provider worked in partnership with other professionals to ensure the service was able to share knowledge skills and experiences.