

Freedom Care Limited

Freedom Care Limited - 70 Conway Drive

Inspection report

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14 February 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The service was inspected on 8 and 10 February 2017. The first day of our inspection visit was unannounced. We visited the provider's office on 14 February 2017 to review staff training and recruitment processes.

The service provides accommodation and personal care support to two people.

The service had a 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 and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe. However concerns had not been reported to outside agencies when they had been identified.

Risk associated with activities of people's care had not always been adequately assessed and guidance provided to staff to keep people safe from the risk of harm.

Safe recruitment practices were being followed. Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

People were not supported in line with the requirements of the Mental Capacity Act (MCA). People's capacity to consent to their care had not always been assessed when there was a reasonable belief that they may not be able to make a specific decision.

People were supported to maintain a balanced diet. People's health needs were met and when necessary, outside health professionals were contacted for support.

People were supported by staff who understood that they should be treated with dignity and respect. We saw that people were encouraged to be involved in making choices about the things that were important to them.

People's independence was promoted and encouraged. People were supported to engage in activities that they enjoyed and to maintain links with people who were important to them

People received support that was centred on them as individuals. People were asked for feedback about the service that they received.

People's relatives felt that the service was well-led. They knew how to complain should they have needed to.

Staff felt supported. They were clear on their role and the expectations of them. There were systems in place to challenge poor staff practice and take action where concerns had been raised.

Systems were in place to monitor the quality of the service being provided however, these were not always effective.

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, however concerns had not been reported to outside agencies when they had been identified.

Risk associated with activities of people's care had not always been adequately assessed and guidance provided to staff to keep people safe from the risk of harm.

Regular safety checks had been carried out on the environment and the equipment used for people's care.

People's medicines were managed so that they received them safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's capacity to consent to their care had not always been assessed when there was a reasonable belief that they may not be able to make a specific decision.

Staff received appropriate training and supervision to enable them to meet the requirements of their role.

People were supported to have a balanced diet and maintain their health.

Requires Improvement ●

Is the service caring?

The service was caring.

People were encouraged to make choices and independence was promoted.

Staff treated people with kindness, dignity and respect.

People were offered information in a way that had been adapted

Good ●

to help them understand it

Is the service responsive?

Good ●

The service was responsive.

The support that people received was centred on them as individuals.

People were supported to follow their interests, access the community and maintain relationships with people who were important to them.

People and their relatives had access to information about how to complain if they needed to. Their feedback was sought.

Is the service well-led?

Requires Improvement ●

The service was not well led.

The provider had systems and processes in place to monitor the service and drive improvements. Action was not always taken when an improvement was identified as needed.

People and their relatives had access to the registered manager and found them approachable.

Staff felt supported. They were communicated with and were offered guidance in order to fulfil their role.

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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.

The service was inspected on 8 and 10 February 2017. The first day of our inspection visit was unannounced. We visited the provider's office on 14 February 2017 to review staff training and recruitment processes.

Before the inspection visit we reviewed the information that we held about the service to inform and plan our inspection. We contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback.

We spoke with two people who were using the service and with one of their relatives. We also spoke with the registered manager, the deputy manager, the training and development manager, the office manager and four support staff. We spoke with the local authority who had funding responsibility for one of the people who used the service.

We looked at one person's care records. We also looked at other records in relation to the running of the service. These included staffing rotas and health and safety procedures. We looked at four staff files to check they were safely recruited and to look at the support and guidance they received.

Is the service safe?

Our findings

People felt safe. A person's relative told us that they felt that their relative was safe because of the security measures that were in place and the staff support that they received. We spoke with a person's social worker who told us that the person had told them that they felt safe.

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. One staff member told us, "I have done safeguarding training. I would tell my manager. You can look out for flinching, hand marks, scalds as signs of abuse. I can go to CQC if I need to." We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This aided people to be protected from harm and abuse. At our last inspection 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. It had not been reported. Incidents should be reported to the local safeguarding authority so that they can devise if an external investigation is required. The registered manager told us they would do so and ensure any further incidents were reported. As part of this inspection we found that two further incidents had occurred that had not been reported. This meant that there was a risk that people were not protected from the risk of abuse as there was no overview from an external body to ensure that appropriate investigation had taken place.

The risks associate with activities involved in providing care and support for people had not been adequately assessed. We reviewed the assessments and found that they were lacking in detail and did not offer staff guidance around identifying risks of harm and ways to prevent harm occurring. For example we saw that a person's behaviour could put themselves and others at risk of injury while travelling in a vehicle. Staff had not received clear guidance around how to keep people safe while travelling. The provider had identified that risks were not adequately assessed as part of their audit around health and safety. They had requested that assessments were taken and staff be trained to assess the risks. Staff had received the training however assessments had not taken place in the time frame that the provider had requested.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. We saw that staff had received positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve.. We saw behaviour support plans that staff followed to reduce anxiety levels and defuse situations when people displayed behaviour that challenged. These were based upon the person's individual needs and preferences and followed a positive behaviour support model. In these ways staff understood and knew how to respond to people's behaviours

We saw that there were inconsistencies with the way that staff supported people with their behaviours. At our last inspection we saw that a 'star chart' was used to promote positive behaviour. People were offered the chance to purchase a small item of their choosing when they had accumulated a set number of stars. We identified that the chart was not consistently used. The registered manager told us that they would draw up guidelines for staff. At this inspection we saw that inconsistencies were still present. The registered manager

had not ensured that guidelines were written. We saw that people had not received 'stars' on two days of the week of our inspection. The deputy manager told us people would not receive stars if their behaviour was of a nature that might cause themselves or others injury. We checked people's behaviour charts and found that there were no records to justify why they had not received 'stars'. . This meant that the people using the service could not be sure that staff were supporting them in a consistent manner.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at four recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

People could be assured that they received their medicines as prescribed by their doctor. One person told us, "(Deputy manager) gives medicines." Medicines were stored securely. We saw that medication administration record charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN [as required] medicines there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines. We saw that a stock check of medicines was taken regularly. Staff had received appropriate training before they were able to administer medicines to people and understood what to do if something went wrong. One staff member said, "If there was a medicine error I would report to a manager and seek medical advice." We saw that appropriate action had been taken when a concern around a person's medicines had been identified. Staff practice in medicine administration was monitored to ensure that it continued to be safe.

People were protected from the risk of harm from environmental risks and in case of an emergency. The provider had reviewed all risk assessments relating to the environment and daily living tasks. This was to ensure that they remained current and that where risks were identified action was taken to reduce the likelihood of harm. Regular safety checks took place to ensure that people remained safe. For example to ensure that food was stored and cooked to the correct temperature. Checks to fire safety equipment were made to ensure that they were safe. On the first day of our inspection we found that help that people would need if there was a fire had not been formally assessed. The registered manager had completed an assessment when we returned for our second day of inspection.

People's finances were kept safe. There was a system in place to keep people's finances safe. This was checked regularly by the registered manager and the provider.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff were able to demonstrate that they had an understanding of the MCA. One staff member told us, "I have done MCA and DoLS training." At our last inspection we identified that one person may lack capacity to consent to a medical procedure. We asked the registered manager to ensure that the person was supported in line with the MCA. We saw that they had assessed the person's capacity and a best interest decision had been made involving people who understood the person and the decision being made. We saw that the decision made was the least restrictive option. One person was supported under DoLS. We asked the registered manager to check if a second person required a DoLS application to be made on their behalf due to them being under constant supervision. They told us that they would. Not all staff understood who was supported under DoLS and who wasn't.

At our last inspection we saw that people's capacity to consent to their care had not always been assessed when there was a reasonable belief that they may not be able to make a specific decision. We saw that the provider had reviewed the way care plans were written with the aim of ensuring that people were supported in line with the MCA. Within people's care plans staff were prompted to consider if the person had the capacity to understand the support they would receive and consent to it. This section had not been completed. We saw that people's capacity to consent to aspects of their care had not been assessed. Staff and the registered manager confirmed that they suspected that the person would not have the capacity to make some informed decisions. One staff member said, "At 70 [Conway Drive] they don't have capacity." We saw that people were not involved in a consultation that had taken place about the installation of CCTV in the home. The provider had consulted with people's relatives. The registered manager told us that they felt that people would not have had the capacity to make an informed decision to enable them to take part in the consultation. They had not formally assessed their capacity to do so. This meant that the provider had not followed the MCA and assessed capacity where it was believed that the person did not have this

People were supported by staff who were suitably trained and supported in order to meet their needs. One staff member told us, "We do lots of training. It is good quality." We reviewed staff training records and saw that they received training when they first started working at the service to prepare them for their role. One staff member told us, "It is helpful for new staff to shadow me."

New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

We spoke with the training manager who told us that the provider had taken steps to evaluate the quality of the training that staff received to ensure that it met their needs. They told us, "We thought we could be more responsive." They implemented a program of induction and ongoing training that supported staff to have the knowledge and skills to meet peoples' needs. Staff understanding and competence to apply their skills was evaluated following training.

Staff received supervision in their role. One staff member told us, "I have supervision with (registered manager and deputy manager). I have them quite regularly. They reminded me to have supervision." The registered manager used supervision meetings to ensure that staff felt supported and had the skills and knowledge to complete their role.

People were supported to follow a balanced diet. One person was able to show us the menu for the week in pictorial format which they understood. They told us they had chosen the meals together with the other person who lived at the service. A staff member told us, "We make a menu at the start of the week. We sit together and decide what we are going to eat." Another staff member said, "I offered them a choice at lunch." There was information to support people to make healthy food choices on display in the kitchen. We saw that fruit was available for people in communal areas. The provider's audit identified that a greater push for healthy eating was required. We saw that menu planning had reflected this.

People were supported to access health care professionals and their wellbeing was monitored. We saw that one person's medication had been reduced by their doctor. Staff monitored them during this time. The deputy manager told us that staff felt this had a beneficial effect on the person's wellbeing especially their alertness. People were supported to access health professionals when they needed to. We saw that where concerns about people's health had been identified the relevant health professional had been contacted when they should have been. We were unable to establish from one person's records if they had received dental input in the past year. The registered manager told us that they would check and ensure that the person had access to the dentist.

Is the service caring?

Our findings

People told us that they were felt well cared for. One person told us, "I'm happy here. Everybody is happy." A person's relative confirmed this. They said, "(Person) is happy there." They went on to say, "The care staff are very good." Staff told us that they thought people were well cared for. One staff member said, "They treat people well (who use the service). Anything they want they get. Nothing is an issue. They will always find a way to do things that they want to."

Staff respected people's dignity and privacy. One staff member told us, "I knock on the door before entering. I give people privacy. (Person) shouts when he is ready. He does what he can and then calls out. I give him space." Another staff member said, "I make sure I shut doors and wrap a towel around someone to offer privacy."

People were offered information in a way that had been adapted to help them understand it. For example, We saw that a person was able to tell us what the evening meals would be for the week because they could refer to a pictorial menu on display in the kitchen. This had been done with information that was important to and for the person. For example, what action they should take in case of an emergency. Staff had a clear understanding of how to communicate with people and aid their engagement. For example we saw that staff used role play with one person in order to find out their opinions. One staff member told us, "You need to know some of the banter so that you can make conversation with people (who use the service)." Staff understood that people may find information easier to understand if it was given in a clear format and tailored to their particular interests. Where people needed support to understand information this had been taken into account. We identified that further assessment of people's communication needs and abilities might enhance their understanding. The registered manager told us that they would consider this.

People were supported to make choices. A person's relative told us, "He does have a say in what he wants to do." A staff member told us, "I give people options. (People using the service) can make decisions themselves." Another staff member said, "If we go shopping I give (person) choice so he can pick his own clothes and his own food." Staff understood that people might struggle to make choices and might need support by reducing the number of choices or using objects as visual cues.

People were supported to maintain and develop independence skills. A person's relative told us, "He goes shopping every Monday. They choose what they want for tea." One staff member told us, "(Person) has baked cakes. He has to be in the right frame of mind. (Another person) will help to do the veg. It gives them independence. They are happy. It gives them well-being and independence." Another staff member told us how people are involved in maintaining the household and domestic tasks. They said, (Person) hovers, dries the dishes and puts them away. (Another person) moves the settee while (person) hovers." People's care plans offered some guidance for staff around what people were able to do for themselves and how to maintain their independence.

People were supported by staff that knew them well and understood what was important to people. Each person had a key worker. A key worker was a member of staff who took additional responsibility to support

the person to meet their individualised goals and plan and review their care with them.

People were supported to maintain their relationships with their relatives. One person's relative told us that staff supported the person to visit them regularly. They told us that they were reassured that the person always seemed to be happy to go back to Conway Drive following a visit. People's relatives were kept informed of how their relative was and any significant events. One person's relative told us, "They keep me informed."

Is the service responsive?

Our findings

People received care and support that was centred on them as individuals. A person's relative said, "I think he has a wonderful life."

People's care plans included information that guided staff on the activities and level of support people required to complete their daily routines. The information within the care plans was not always detailed enough to ensure that people received a consistent level of care from all staff. For example the support they needed to access the community safely. We looked at people's care plans and found that these were not always reviewed regularly to ensure that the information within them was current and that they continued to meet people's needs. We discussed this with the registered manager. On the second day of our inspection we saw that care plans had been reviewed and the detail within them was more reflective of the support people received.

People were supported to be involved in the planning of their care. We saw that some new care plans had been written to reflect people's changing needs. We were told that the intention was that staff would discuss these with people to establish their views. The deputy manager told us that this would need to be a carefully planned process in order to ensure that people understood the detail of the support that they would receive and to gain their feedback. They told us that people also gave feedback about the support that they received through regular meetings with their chosen member of staff (keyworker). Key worker meetings were an opportunity to establish with people what was working well and any concerns they might have. It was also a chance to set and review progress against people's identified goals. The format of these meetings was designed to be in a way that people would best understand and be able to give their feedback. The provider's audit identified that these meetings did not happen as regularly as the provider's policy required. We reviewed records and found that meetings had taken place for one person in recent months. However some of the areas of care that were due to be discussed had not been. Therefore it was not clear that the person had been given the opportunity to feedback about their experiences of the service and if it was meeting their needs and wishes. The deputy manager told us that the person did not always wish to engage in the meetings. They told us they were also given the opportunity to feedback through informal chats.

People were supported to pursue their interests and take part in activities that they enjoyed. One person told us that they "Went out in the car today." This was an activity that staff told us they enjoyed. A person's relative told us, "He is in the community, doing different things." A staff member told us, "People get to do activities through the day. I have taken people to Redgate farm, football and on long walks." We saw that one person was supported to follow their favoured football team. The deputy manager told us how one person was being supported to access a social group and develop their skills in a new environment. A person's relative told us, "They taught him to swim, we went to see him. It's an achievement." We saw that people's activity plans for the week reflected that they had accessed the local community and a variety of activities throughout the week.

We saw that the complaints procedure was available to all people who used the service and visitors. This was in an pictorial form to maximise people's understanding. A person's relative told us that they would feel comfortable to make a complaint and confident that it would be addressed. We saw that a complaint had been received and the registered manager had taken appropriate action, in line with the service's complaints procedure.

The provider had sought feedback from people's relatives. They conducted an annual survey with the aim of establishing what was working well and any improvements that they could make. The findings of the survey were shared with people's relatives. We saw that the majority of the feedback had been positive. All of those who responded felt that the care that their relatives received was safe and provided in a way that took into account their needs. The provider had taken action to address any concerns that had been raised particularly with regard to communication between staff and people's relatives. As a result of this feedback they had consulted with people's relatives about how they wished to be communicated with and made the necessary changes. The provider had not completed their annual satisfaction survey with the people who used the service but they told us they planned to over the coming months. We saw that the format that they intended to use was designed to help people understand and engage as fully as possible.

Is the service well-led?

Our findings

The registered manager had made changes to systems and process within the home as a result of a concern that was raised. One staff member told us, "Since the last inspection changes have been around introducing people, going out more, being weighed regularly and temperatures for food and medicines." They had reviewed working practices and how tasks were prioritised and carried out. The registered manager had implemented a business action plan. The aim was to ensure that all staff were clear of their own responsibilities and accountabilities. This demonstrated that there was a willingness to learn from feedback and improve the service. However we saw that improvements had not been made with regard to reporting safeguarding concerns or supporting people in line with the MCA as identified at our last inspection.

The provider had implemented audits of processes and systems within the home to ensure that they were safe and meeting people's needs. Where action was required the provider identified what action should be taken, by whom and in an achievable timescale. We saw that actions were not always followed up upon. For example an audit in May 2016 identified that an assessment of the help a person would need in case of fire was not in place. We found that this had not been completed at the time of our inspection. The provider had audited risk assessments and care plans and identified that they were lacking in detail and at times incomplete. They requested that staff complete 'keyworker training' in order to support staff to complete these documents more fully. We saw that staff had attended these training sessions in May and June of 2016. We reviewed people's care plans and risk assessments and found that some had not been reviewed or updated since December 2015. However having discussed this with the registered manager they had reviewed and implemented some care plans by the second day of our inspection.

A person's relative told us that they thought the service was well led. They said, "I think it's a wonderful place." Staff told us that the provider and registered manager were accessible and communicated effectively with them. One staff member told us, "They tell us what is happening. They kept us informed about what was happening (when area manager left)." Another staff member said, "I would take a complaint to (registered manager) and (deputy manager) they would listen." Following instances of challenging behaviour staff were offered de-briefs. They told us that these were effective and they felt supported as a result. We saw that the registered manager and deputy manager were accessible to staff throughout our visit. They were approachable and supportive in their manner with staff.

Staff were kept informed of developments within the service that they worked as well as other services owned by the provider. One staff member said, "We have team meetings every month or two months. We discuss each client and what is happening." We saw from minutes that senior managers attended staff meetings to thank staff for their work and to update them on any changes that were planned within the organisation. The registered manager used the staff meetings to clarify staffs roles with them and to inform staff of changes that were being made. For example when changes to the allocation of domestic tasks were made.

Staff had access to policies and procedures and understood how to follow them. The provider had ensured all new staff received the employee hand book. This was to make sure that staff were clear on their role and

the expectation on them. It included the staff code of conduct and the confidentiality policy. We saw that the registered manager had addressed practice issues with staff when these had been identified as a concern. For example we saw that a staff member was invited to a formal discussion regarding their practice in supporting people to take their medicines safely.

We saw through staff team meetings the registered manager had challenged staff's actions and identified with staff where they had failed to follow a positive behaviour model to support a person to access the community. However we also saw that some language documented in team meeting minutes did not always demonstrate an understanding of people's conditions and how this might impact on their behaviours. There appeared to be inconsistencies in the way that staff members managed these. We raised this with the registered manager who told us that they would review these and take action if required.

The provider had sought feedback from staff. They conducted an annual survey to establish how staff felt about the support and training provided, the openness of the provider and their manager and if they felt valued. We saw from the results of this survey that the majority of staff responded positively to all of the areas surveyed. The provider told us that they had not yet analysed the data in full but intended to feedback to staff with any actions that are to be taken as a result.

The registered manager conducted checks within the home to ensure that systems and processes were effective. These included checking for any health and safety concerns and that good food hygiene practice was being followed. We saw that the registered manager had taken action when they had identified a concern. For example they had seen that the insurance policy was due for renewal. They contacted the provider to ensure that they were aware and were taking action.