

Free Spirit Support Services Ltd

Free Spirit Support Service

Inspection report

Suite 1
Retford Enterprise Centre, Randall Way
Retford
Nottinghamshire
DN22 7GR

Tel: 01777712601

Date of inspection visit:
15 February 2019

Date of publication:
07 March 2019

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:

Free Spirit Support Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, including people living with dementia, people with sensory needs, physical disabilities, learning disabilities and mental health needs. Not everyone using the service received the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection six people were receiving personal care as part of their care package.

People's experience of using this service:

The registered manager had not kept up to date with their audits and checks that monitored quality and safety. Whilst they told us they were aware of some improvements which were required, they had not identified all the shortfalls in the fundamental care standards that our inspection found. At the time of our inspection, the registered manager did not have an improvement plan, but following our inspection they forwarded one to us that detailed the action they planned to make.

Staff had not received training and competency assessments in the safe administration of medicines. Records completed by staff to confirm they had supported people with their medicines, did not reflect nationally best practice guidance. There were no systems in place to review these records, to monitor if people had received the support they required with their prescribed medicines.

Risks associated with people's care needs had not been fully assessed and planned for. People's care plans did not contain detailed guidance for staff or reflected people's current needs. However, staff were found to be knowledgeable about people's needs and routines. The Accessible Information Standard was not fully complied with, because people's sensory and communication needs had not consistently been assessed and planned for.

Staff had not consistently received training, with three staff not having received any training other than an induction and shadowing opportunities with experienced staff. Staff had not received formal opportunities to review their work and development needs. However, staff had received informal support and had regular contact with the registered manager and care coordinator, who were described as supportive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. However, the principles of the Mental Capacity Act 2005 were not fully understood. The registered manager was not aware of the action required should a person be restricted of their freedom and liberty. We made a recommendation about the application process to the court of protection.

People were cared for by staff who had completed safe recruitment checks on their suitability to work with

people.

The registered manager had not sent quality assurance surveys to people, to seek feedback about the service. However, people told us they were confident to report any concerns and that they were happy with the service they received.

People who used the service and their relatives were positive about the service provided by Free Spirit Support Services. They told us they received care from regular care staff who they had developed positive relationships with and who knew how to care for them. Staff in the main were reported to arrive on time and if they were running late, people were informed. Staff also stayed for the duration of the call and were unrushed, kind and compassionate in their approach.

People told us they had not received formal opportunities to meet with the registered manager to review the care they received. However, they had regular contact with the registered manager who responded to requests for changes with people's care.

The service met the characteristics of requires improvement in most areas we inspected with good for Caring. More information is in the detailed findings below.

Rating at last inspection:

The service was last inspected on 28 January 2016 and was rated 'Good' in all key questions.

Why we inspected:

This is a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received 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?

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 ●

Free Spirit Support Service

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Free Spirit Support Service is a domiciliary care service and provides personal care to people living in the community.

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

Notice of inspection:

We gave the service a weeks' notice of the inspection visit because it is small and we wanted to make sure the registered manager would be in.

Telephone calls to people who used the service and or their relatives, including three care staff were completed on 13 February 2019. In total we spoke with six people, this included people that used the service and relatives. We visited the office location on 15 February 2019.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider

is required to tell us about.

At the provider's office we spoke with the registered manager, the care coordinator and one care staff. We reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as six staff files. We also spoke with the registered manager about the action they took to check on quality and safety.

Is the service safe?

Our findings

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

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.

Using medicines safely

- People's individual administration records (MAR) were not completed following relevant national guidance. Three people's MARs showed gaps of missing staff signatures. One person's MAR showed in 2018 there had been five consecutive months with missing signatures. Due the MARs not being reviewed by the registered manager or care coordinator, it was not clear if this was a recording issue or people had not received support as required from staff with their medicines. The registered manager told us they expected care staff to report any concerns to them.
- Hand written entries of people's prescribed medicines on MARs were not signed by staff. This is important to ensure transcribing had been completed correctly. MARs were not all dated and were untidy with crossings out.
- The service employed six staff who told us they were required to support people with their medicines. Two staff had received medicines training in 2018, but had not had a competency assessment completed. One staff member last received training in 2015 and had not received refresher training and ongoing competency assessments. Three staff had not completed training. Staff training and ongoing training are legislative requirements. This put people at greater risk of not receiving their prescribed medicines safely. The registered manager assured us training had been booked for staff in March 2019.
- People told us they were satisfied with the support they received with their medicines. A person said, "Staff just prompt me, I need reminding because I can forget to take them." A relative said, "Yes, staff support with medicines in a morning, I think this is done safely, I've not noticed any concerns."

Assessing risk, safety monitoring and management

- Risks associated with people's needs had not been fully assessed. For example, risks associated with health conditions such as diabetes and skin integrity. However, on speaking with staff, they showed a good understanding of the action required to safely support people. Risks associated with other needs such as the risk of falls had been assessed and planned for. We therefore concluded this did not impact on people's safety and was a recording issue.
- The registered manager told us they were aware risk assessments needed to be reviewed and they assured us this would be completed as a priority. Following our inspection, the registered manager forwarded us an action plan confirming what action they would take with timescales to complete this work.
- People told us they had no concerns about how their care needs, including any risks were managed. A person said, "I've experienced poor care before from different agencies, this is very good, I have regular staff and we work together, they understand my needs and what needs to be done." A relative said, "Safety and risks are all managed well, we've discussed how these needs are managed and staff are aware and follow what's been agreed."

Systems and processes to safeguard people from the risk of abuse

- From speaking with people who used the service we were not clear if the provider had issued staff with an identification badge. This is important to protect people from unauthorised staff. The registered manager told us staff had badges, but were not expected to always wear them, and to have them upon their person to use if required. A staff member showed us their identification badge that confirmed they had been issued with one as described to us.
- Staff knew how to recognise abuse and protect people from the risk of abuse and avoidable harm. The registered manager was aware of their role and responsibilities in adhering to the local authority's multi-agency safeguarding procedures.
- People told us they felt safe with the staff that cared for them. A person said, "Yes, I very much feel safe with the staff, I trust them and they treat me well."

Staffing and recruitment

- There were sufficient staff employed to meet people's needs. Staff told us they had sufficient travel time and the duration of the call was adequate without them feeling rushed. A staff member said, "Yes, I feel there is enough time, I don't feel people are rushed and if we have to stay longer because someone is not well and they need extra support we manage it."
- Due to the service being small, staff had regular people they provided care to who they knew well. Staff shortfalls due to sickness or holidays were managed well. There had been one late call in December 2018 and the registered manager told us what action they had taken to address this.
- People told us staff generally arrived on time and stayed for the duration of the call. People told us if staff were running late, they received a call to inform them. A person said, "I get a weekly rota so know who will be visiting. They are usually on time but will call if they are running a bit late." A relative said, "I'm really happy with the call times, they are what we asked for. Staff are lovely, and never rush [relation]."
- Due to the service being small the registered manager had regular contact with staff and equally regular contact with people who used the service, including relatives where appropriate. This enabled them to have oversight of the care provided and they were able to quickly respond to any concerns.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. However, whilst staff told us they had received a face to face interview with the registered manager, there were no records to confirm what we were told. The registered manager told us they would act to improve record keeping.

Preventing and controlling infection

- People were protected as far as possible from the risks associated with cross contamination. Whilst not all staff had completed training in infection control, they showed a good awareness of the action required to reduce risks. This included the use of disposable gloves and aprons. In addition, the provider had a policy and procedure that provided staff with guidance on infection control.

Learning lessons when things go wrong

- The registered manager had processes in place that ensured lessons were learned when any accidents or incidents had occurred. At the time of our inspection there had been no incidents that had occurred whilst staff had provided care. However, staff told us of the process of responding to an incident such as recording and reporting to the registered manager.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. □

Staff support: induction, training, skills and experience

- People were not supported by staff who had ongoing training. Two staff had completed training the provider expected in 2018. One staff member had not received any additional training since 2015. Three staff had not completed training, two of which started their employment in 2017 and one in 2018. The registered manager did not complete competency checks on staff's practice. Whilst we found staff to be knowledgeable about people's care needs, people were at greater risk of receiving care that was not effective or safe due to staff not being trained in best practice guidance.
- The registered manager told us they had experienced some difficulties with managing the service and this had impacted on staff having sufficient time to complete training. The registered manager told us their priority had been to deliver care and they, and the care coordinator had provided advice and guidance as required. The registered manager told us staff training had been booked for March 2018.
- Staff told us they had received an induction on commencement of their employment and opportunities to shadow experienced staff. They had also met with the registered manager and discussed policies, procedures and what their role and responsibilities were. Whilst the registered manager confirmed this to be correct, there were no records in staff files to confirm this. The registered manager acknowledged record keeping needed to be improved upon to show transparency.
- Staff were not given consistent opportunities to review their individual work and development needs. Whilst we saw two examples of the registered manager meeting with staff to discuss their work, this was not for all staff. The registered manager was aware of this shortfall and told us they would act to address this. They also told us they had regular contact with staff, where any concerns or actions were responded to. Staff told us whilst they had not received formal opportunities to discuss their work, the registered manager and care coordinator were supportive and approachable.
- People were positive about staff's competency and knowledge. A relative said, "The staff are very good, nothing seems to stump them, they are obviously very experienced and competent."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. People's care records did not show their mental capacity to consent to their care had been considered. One person's care records stated due to their condition (the person was living with dementia), they were unable to make decisions, but choices must be offered. However, the registered manager told us they believed people using the service at

the time of our inspection had mental capacity to consent to the care they received. This showed the principles of the MCA was not fully understood or implemented.

- People can only be deprived of their freedom and liberty in the community by the court of protection. At the time of our inspection no applications had been made to the court of protection. The registered manager was not aware of the action required of them if a person had any restrictions imposed on them. We recommend that the service seek advice and guidance from a reputable source, about the court of protection application process.
- We noted there was no written documentation to confirm people had given consent and agreed to the care they received. The registered manager agreed to follow this up. Neither was it documented if people had a lasting power of attorney (LPA). This allows another person to give consent. The registered manager agreed to review their pre-assessment and review process to ensure this information was checked.
- Staff told us how they gained people's consent before day to day care was provided and showed a good understanding of the importance of involving people in all aspects of their care.

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

- Assessment of people's needs, included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This is important information to ensure people did not experience any discrimination.
- Staff had access to the provider's policies and procedures. The registered manager told us how they gave staff copies to read and sign to confirm they had read and understood them.

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

- People's needs associated with any dietary needs had been assessed and staff had guidance of the support required. At the time of our inspection, no person had any specific needs and or preferences with religious and cultural needs.
- Staff told us how they checked food use by dates and left people with drinks and snacks when leaving. People confirmed what we were told.
- People were positive about the assistance they received with food shopping and meal preparation. A relative said, "Staff support [relation] with breakfast, I'm confident they offer choices and provide good support." Another relative said, "Staff go shopping for [relation] and in the better weather they [relation] likes to go with them."

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

- The registered manager and staff told us how they reported any health concerns to external healthcare professionals such as the GP. Staff gave examples of calling paramedics when people required urgent medical assistance. They told us how they stayed with the person to provide reassurance and shared information with the health professional.

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

- Staff told us how they monitored people's health needs and reported any concerns, with the person's permission, to relatives and or health professionals. A staff member said, "Because we know people so well, we can easily pick up on when a person is unwell and take action."
- People were positive about the support they received from staff in managing their health needs. A relative said, "Staff are aware of health needs and any concerns they contact me."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who were kind, caring and compassionate. People and their relatives were very complimentary of the approach of staff who they told us had developed positive relationships with people. A person said, "The staff are wonderful, very nice indeed, they can't do enough for you." Another person said, "The staff are very good, we have a chat, they make it part of the day." A relative said, "The staff are all very good, with one who is worth their weight in gold – they are amazing with [relation]. They are always smiling, so caring." Another relative said, "Staff really do go the extra mile, they have a really good approach and have developed a rapport - with [relation], yes they've formed a good relationship and know them so well."
- We found staff were knowledgeable about people's individual needs, preferences, routines and what was important to them. A staff member said, "I know [person] loves to sing, so we have a singalong together and a little dance, they love it." Another staff member said, "I absolutely love my job, it makes me happy that I've helped someone and made a difference to their day." A third staff member said, "I treat people in a way I would have wanted my parents to have been treated. All the staff are very caring and we work together as a team."

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

- People were involved in their care, they received informal opportunities to express their views and directed how they wished to receive their care. The registered manager told us they were aware they needed to formalise discussions and introduce reviews with people.
- People told us they were involved in discussions and decisions about their care. A person said, "I have had a meeting at home to talk about my care, this was a long time ago, but I talk to the staff and call the manager if anything needs changing." A relative said, "Whilst there are no formal meetings, I have regular contact with the manager and any changes to the care provided is made- there are no problems."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was upheld by staff who were sensitive and caring in their approach. A person said, "The staff are polite and always treat me well." Relatives were also positive about the approach of staff. A relative said, "Staff have a positive and welcoming approach, they are sensitive in how they provide personal care." Another relative said, "The staff encourage [relation] to do as much as possible for themselves."
- Through discussion with staff they showed a good understanding of the importance of respecting people's privacy, dignity and independence. A staff member said, "It's important to fully involve people in their care, and to explain what you are going to do before you do anything." Another staff member said, "Supporting people to maintain their independence is important, this helps people to continue to live at home"

independently."

- The registered manager had not provided people with information about independent advocacy information, but told us they would add this to the service user guide for people.
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager and a staff member, visited a person to complete an assessment of their needs prior to using the service. Care plans were then developed and used to provide staff with guidance of how to meet people's needs.
- We found some inconsistencies in the level of guidance provided for staff. Care plans had not always been reviewed when changes occurred. For example, one person's pre-assessment in relation to the care required with personal care, was not reflected in the care plan that stated they were independent in this area. The registered manager agreed the care plan did not correctly reflect the person's needs. A person's mobility needs care plan had not been reviewed since 2017, and talking with this person's relative and the registered manager, it was apparent their needs had changed during this time.
- We discussed what we found with the registered manager, they agreed with these shortfalls and confirmed they would act to make improvements. However, the registered manager told us they were confident staff knew people's needs. From speaking with staff, we concluded, staff were knowledgeable and this was therefore a recording issue.
- The Accessible Information Standard was not being fully met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People's communication and sensory needs had not consistently been assessed and planned for. For example, a person with a hearing impairment did not have a care plan that provided staff with information of how to meet this need. However, relatives were confident communication and sensory needs were known and understood by staff. In discussion with staff and the registered manager, we concluded this information was known and was therefore a recording issue. The registered manager told us they would review people's care plans and ensure written guidance was detailed.
- People were positive about the way they received their care, they described the service provided as being personalised to their individual needs and preferences. A person said, "If I need the time of my call changing because I have an appointment, the manager arranges this, nothing is too much trouble."

Improving care quality in response to complaints or concerns

- People had been provided with a service user guide, this informed them about what they could expect from the service. This included information about the complaints policy and procedure. The registered manager told us they had not received any complaints. They also told us how they had regular contact with people and relatives, and could respond quickly to any concerns raised.
- People told us they had not had cause to make a complaint. However, they felt confident to raise any concerns or complaints with the staff or registered manager, and believed there would be a positive response. A person said, "I've not had to make a complaint, I would say if I wasn't happy with anything and get it sorted." A relative said, "I have no complaints or concerns about the care provided, it's a good service and a weight off my mind to have this support." Another relative said, "No I've not had cause to make a

complaint, I have no concerns and feel confident the manager would listen and respond to resolve any complaints."

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to our inspection, the registered manager had experienced some difficulties with the service and this had impacted on the systems and processes that monitored quality and safety being kept up to date. This meant audits and quality assurance systems had not been effective in identifying and addressing problems.
- Following our inspection, the registered manager sent us an action plan based on our inspection findings, with details of the action they would take to make improvements. Whilst this provided some assurances, we were concerned that at the time of our inspection there was no improvement plan in place to mitigate risks and drive the service forward. This showed the provider did not have effective governance.
- The registered manager had not ensured nationally recognised guidance in quality and safety standards had been implemented. For example, in the administration and recording of people's medicines. This meant there was an increased risk people may not have received safe care and support with their prescribed medicines.
- Risks associated with people's health conditions and support needs had not been fully assessed, monitored and mitigated. Written guidance for staff was not accurate and up to date. This meant there was a risk needs may not have been consistently met.
- Accurate and complete records were not kept showing how decisions were taken in relation to the care and support provided. The principles of the MCA were not fully understood.
- The registered manager had not monitored staff's training needs and checked their competency to ensure people received safe and effective care based on nationally recognised best practice standards. Neither had staff received formal opportunities to discuss their training and development needs.
- People had not received opportunities to feedback their experience about the service by means of completing a satisfaction survey. Neither had people received formal opportunities to meet with the registered manager to discuss the care provided.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above, people told us they could speak with the registered manager if needed and that they were satisfied with the communication and contact which they described as being regular.
- Staff were positive about the registered manager and described them as approachable and supportive.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People told us their experience of the service was good and they received care that was personalised to their individual needs. We received consistent positive feedback from people who used the service and their relatives. Comments included, "The service is excellent." "Staff and the manager are brilliant and go above and beyond to provide good care." "I have no concerns; the service is a support and made all the difference."
- By talking with staff, they showed a great commitment, in wanting to provide the best care they could with examples of how this was achieved. For example, a staff member told us how they would stay longer with a person if they felt they needed extra time and they often did this in their own time.

Continuous learning and improving care

- The registered manager was open and transparent about shortfalls within the service and assured us they would take immediate action to make improvements. They were passionate about providing people with a high standard of care and showed great determination and commitment in developing the service.

Working in partnership with others

- The registered manager told us they did not have regular contact with external agencies or professionals, but when they did, -they worked together to meet good outcomes for people. Examples were given of how the registered manager had liaised with professionals such as occupational therapists and physiotherapists in supporting people to remain safe living at home.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the quality and safety of the service were not effective.</p> <p>Risks relating to the health and safety of people had not been fully assessed, monitored and mitigated.</p> <p>Records of people's care did not show how decisions had been made about consent.</p> <p>Feedback from people had not been formally sought about the quality of the service they received.</p>