

Freedom Care Limited

26 Brookside Avenue

Inspection report

26 Brookside Avenue
East Leake
Loughborough
Leicestershire
LE12 6PA

Tel: 01509559502
Website: www.freedomcare.org

Date of inspection visit:
10 July 2017

Date of publication:
02 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The service is registered to provide care for up to three people living with mental health needs or learning disabilities. At the time of our inspection two people were living at the service.

At our last inspection in April 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good' for being safe, caring, responsive and well-led, however 'Requires Improvement' was identified for effective.

We found inconsistencies in how the Mental Capacity Act 2005 (MCA) was being applied. Where people lacked mental capacity to consent to specific decisions about their care and support, appropriate action in accordance with MCA had not always been taken. The registered manager was already aware of this shortfall. MCA training had already been planned for staff including the registered manager.

The storage and management of medicines were found to be correct but the administration of one particular medicine had not always been administered as required. The registered manager took immediate action to address this issue.

People's needs had been assessed and care plans were in place to support staff of how to meet people's needs. Information about one person's particular health condition did not have a care plan or risk assessment completed. However, staff were able to tell us about this condition and how they supported the person. Some people had periods of high anxiety that affected their mood and behaviour. The strategies in place to guide staff of how to support people were found to lack specific detail and instruction. The registered manager took immediate action and addressed this concern.

Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People continued to receive safe care. They were supported by staff who knew how to recognise and report any signs that people were abused or at risk of abuse. The provider had procedures in place for staff to report concerns and for those concerns to be investigated and acted upon.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were supported by staff that were caring and treated them with dignity and their privacy was respected. People's independence was promoted within the service.

People were supported to live the life that they chose and care plans supported staff to provide a person centred approach.

People and their relatives felt they could raise a concern and the provider had systems to manage any

complaints that they may receive.

The provider had arrangements in place for monitoring and assessing the quality of care people experienced. These included seeking and acting upon the views for people who used the service and others.

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 remains Good

Is the service effective?

Requires Improvement ●

The service was not consistently effective

The principles of the Mental Capacity Act (2005) had not always been followed. Behavioural strategies lacked clear guidance for staff.

People's health care needs were known by staff but written instruction available to inform and support staff was not always completed.

People were supported to attend health appointments and they had their nutritional needs met and a choice of meals provided.

People were supported by staff that had completed an induction and received ongoing training and support.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

26 Brookside Avenue

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 10 July 2017 and was announced. We gave the provider 48 hours' notice of our inspection. People at the service were living with mental health needs and some people needed advance notice to help them prepare for our visit. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider 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, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

On the day of the inspection visit we spoke with two people who used the service. Due to people's communication needs their feedback about aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received.

We spoke with the registered manager and two support workers. We looked at records relating to people living at the service. We also looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with two relatives for their feedback about how the service met their family members' needs.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "Staff make sure we're safe." Relatives said the staffing levels and the environment were contributory factors to people's safety.

Staff were clear about their role and responsibility in protecting people from the potential risk of abuse and told us about safety measures in place. Staff had received adult safeguarding training and there were safeguarding policies and procedures available to support staff.

People told us there were no undue restrictions placed upon them and they had the freedom they wanted to live their life as they wished. One person told us, "The staff treat you like an adult, I can go out by myself."

We found people's needs had been assessed and risk plans were in place to advise staff of the action required to support people. These plans were regularly reviewed to ensure they correctly reflected people's needs. Staff were confident they had sufficient information about known risks and gave examples of how they supported people to remain safe.

People told us staff were always present to support them when required. One person said, "There is always staff around." Relatives confirmed they felt there was sufficient staff deployed that were appropriately skilled and experienced. One relative said, "There is at least two staff around when I visit."

Staff told us they had no concerns about staffing levels and that people received the additional one to one hours they had been assessed as requiring. The staff rota confirmed there were sufficient staff on duty and that the staff skill mix was considered. Records also confirmed the provider had effective recruitment procedures. These helped the provider in making safer recruitment decisions.

People were able to tell us what medicines they were on and confirmed staff provided appropriate support with the administration of their medicines. Records confirmed staff had received appropriate training in medicines management. Checks and systems were in place for the ordering, storage and administration of medicines. We identified that one person's particular medicine required a person to administer it and another to witness it. However, records showed this was not always happening. We spoke with the registered manager who agreed to take immediate action to ensure these requirements were adhered to.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and are called the Deprivation of Liberty Safeguards (DoLS).

We found examples where people had signed their care plans to show they had been consulted and had given consent to how they received their care and support. People told us that they were given choices and staff respected and acted upon their decisions.

Care plan records showed that staff were prompted to consider if a person had mental capacity to consent to the care and support being given. However, records were either not completed at all or partially completed. If people lack mental capacity to make specific decisions staff are required to complete an MCA assessment and make a best interest decision on behalf of the person with the inclusion of others. The registered manager told us they were aware this was an area that required some action. They told us, and the provider's trainer confirmed that staff including the registered manager were booked on MCA and DoLS training a week after our inspection visit. We asked the registered manager to take some immediate action to start the process of completing MCA assessments. Following our inspection visit they sent us information to confirm what action they had taken.

At the time of our inspection visit no person had an authorisation in place to restrict them of their freedom and liberty. However, we discussed this with the registered manager because this may have been required for one person. The registered manager took immediate action and submitted an application for a DoLS.

Some people could experience periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs and we saw examples of how staff supported them effectively. This involved giving choices, reassurance and respecting and acting upon people's decisions. The provider used the PRICE (Protecting Rights In A Caring Environment) approach for challenging behaviour and physical intervention training. All staff had received training in a nationally accredited approach to challenging behaviour and using physical intervention. Staff told us that physical restraint was not used as divisional techniques were found to have a positive response. This meant staff had received appropriate training and were confident and skilled in managing people's anxiety.

Care records provided guidance for staff in how to support people during periods of heightened anxiety. However, we found that records lacked specific information and strategies to support staff effectively. We discussed this with the registered manager and provider's trainer who took immediate action and reviewed and amended these care plans.

Staff told us they received regular training opportunities and spoke highly of the provider's trainer saying they were, "Very professional and passionate about the training they deliver." The staff training plan confirmed staff received training that met the needs of people they supported.

People told us they were supported by staff to develop a weekly menu that was based on their preferences and considered healthy eating options. One person said, "I can choose what I want to eat, I go with the staff to buy the food and sometimes I'll help cook. We can have snacks and drinks at any time."

People's nutritional needs had been assessed and planned for and their food intake recorded and weight monitored for any changes.

People told us about some of their health conditions and how staff supported them to attend health appointments. People's care records showed their health needs had been assessed and planned for with one exception. Staff were knowledgeable about a person's health condition but there was no care plan in place to instruct staff of the action required to support the person. We discussed this with the registered manager who agreed a care plan was required and agreed to complete this immediately. Care records confirmed people had been supported to attend health appointments when required.

Is the service caring?

Our findings

People were positive about the staff that supported them and said they were able to talk to them about any concerns. One person said, "I have a new keyworker, I like them we talk about my care plans, I feel I'm involved and listened to." A keyworker is a member of staff that has additional responsibility for a person who uses the service. Another said, "I like living here it's more quiet than where I was before, staff are good and always around." Relatives were also confident that staff were caring. Comments received included, "The staff understand [name of family member]'s needs, they are doing well in looking after [family member]."

Staff told us they enjoyed their job and showed an interest and good understanding of people's needs, routines and what was important to them. One staff member said, "Our aim is to support people to develop their independence, to take positive risks and live the life they choose."

We observed people were relaxed within the company of staff and light hearted exchanges were had between staff and people who used the service showing that positive relationships had been developed. Independent advocacy information was available should people have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. At the time of our inspection no person was receiving this support. People told us they felt confident that they could advocate for themselves. One person said, "We have house meetings and get a say about things. I feel I'm listened to."

People told us staff treated them with dignity and respected their privacy. One person said, "I like the staff you can have a good laugh with them, they respect us. They don't just come into your bedroom, they knock on the door and wait for you to answer, I like them."

Staff respected people's privacy. We saw people using the communal areas and going into the garden or their rooms. Staff were present to support them but they did not intrude but showed interest in what people were doing. One person made their own lunch and staff supported from a distance encouraging this independence.

The provider promoted dignity and respect through policies, staff training and supervision. Staff told us about how they respected people's dignity. One told us, "We respect people's personal space. We only go into enter their rooms if invited." We saw this to be the case during our inspection visit.

Is the service responsive?

Our findings

People experienced care and support that met their needs and preferences. Before people moved to the service an assessment of their needs was completed to ensure they could be met. Support plans were then developed to support staff to understand what was important to the person, what their routines, needs and preferences were. Whilst people told us they felt involved in discussions and decisions relatives felt opportunities for them to be involved was limited. One relative said, "I've not attended a review meeting for two years, I was told when [name of family member] moved in I would get a three monthly report but I only ever received one." We shared what we were told with the registered manager who agreed to make improvements with how relatives were involved.

People were positive that staff understood their needs and supported them with how they wished to live their life. One person told us, "I get a choice of what time I get up, go to bed and how I spend my time." And, "I've had my room repainted, have a new carpet and I've ordered some new bedding."

People told us about their interests and hobbies and how they were supported with these. One person said, "It's good living here, there's a good bus route and I go to the local park, leisure centre, pub and shops." This person also told us about their varied sport interests and that they were a member of the Special Olympics team and how they represented the country in tennis and what this meant. One person had attended a vocational college course that they had recently completed and said staff were supporting them to look for voluntary work. Staff confirmed what we were told. Another person told us how they enjoyed going out for walks and rides in the country and visits to stately homes which the staff supported them to do. These examples told us that staff had a person centred approach and people were happy and satisfied with the opportunities they received.

Information was available for people about how to report any concerns or complaints. People told us they felt confident to discuss any concerns with the staff including the registered manager. One person told us about a complaint they had made and said the registered manager took action which they were pleased with. The complaint policy and procedure was seen to include all the required information. Where a complaint had been made we saw this had been documented and responded to in accordance with the complaint policy. This told us people could be assured any concerns or complaints were taken seriously and acted upon.

Is the service well-led?

Our findings

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 told us that they had opportunities to share their experience about the service and also felt included in the development of the service. Feedback was gained through house meetings and questionnaires. From reviewing records we saw the last quality assurance questionnaire was dated 2017. Feedback received had been analysed and an action plan developed to address any shortfalls. For example, people had raised a concern that sometimes staff forgot to bring their activity things with them such as swimming kit. We saw this had been addressed with staff via a memo and in a team meeting.

The registered manager provided staff with opportunities to be involved in developing the service at staff meetings and through 'one-to-one' meetings with staff. The staff meetings were used to support staff to reflect on and develop their practice.

Staff were positive about the leadership of the registered manager. One staff member said, "The manager is always smiling, very supportive, approachable and listens. We have regular staff meetings and staff are involved in the development of the service."

The staff meetings were used to promote the values of the service which were to maximise people's independence and positive risk taking was encouraged. Staff we spoke with understood and shared those values. One staff member said, "It's a safe, nice environment and atmosphere where we are always promoting people's independence and support people to lead full and active lives."

The registered manager had systems and processes in place to monitor the quality and safety of the service and specific checks were completed, daily, weekly and monthly. These included the safety of the environment, medicines management and care records. The provider also visited the service and completed audits. However, the registered manager said this had not happened since 2016 when a senior manager in the organisation had left but plans were in place for the director to complete these visits.