

Freedom Care Limited

Freedom Care Limited - 68 Conway Drive

Inspection report

68 Conway Drive
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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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 17 and 18 December 2015. It was an unannounced inspection.

Freedom Care Limited – 68 Conway drive provides accommodation for 2 people. Both were present on the day of our inspection.

There was 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 felt safe and well supported. Staff understood how to keep people safe and were able to report concerns if required.

Risks associated with daily living were assessed and staff received guidance on how to minimise risks. The environment was homely and well maintained but some health and safety checks had not been consistently carried out. Fire safety checks were carried out and there were procedures in place for staff to follow however recommendations from the fire department had not been followed up.

The service did not always follow safe recruitment practice. We saw that there were occasions when the relevant pre-employment checks had not been carried out.

People's independence was promoted and choice making encouraged. People remained part of the wider community if they wished to and links with people important to them were maintained.

People were encouraged to make decisions about their care. They were involved and their opinions sought. Staff were able to demonstrate that they had an understanding of the Mental Capacity Act (2005) and how it might apply to the people who used the service

People using the service were not always asked for their consent. CCTV had been installed in the home without due consultation or regard for the wishes and preferences of people using the service. This was an intrusion of people's privacy and a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report. When people had refused to consent to the use of CCTV the provider had not responded accordingly.

Staff received training and support to be able to meet the needs of people using the service although training records were not always kept up to date. The manager and staff team were clear of their role in ensuring best interest decisions were made for people if required. Staff had a clear understanding of their role and how to support people who use the service as individuals.

Staff knew people well and treated them with kindness and compassion. People were supported to maintain their health and wellbeing. They received their regular medicines as prescribed and had access to

health professionals as required.

Staff felt supported by the registered manager. People who used the service felt they could talk to the manager and had faith that they would address issues if required. The provider had sought the opinions of family members and staff and acted upon their findings, however they had not done so when installing CCTV in the service.

People were involved in the planning and reviewing of the care that they received. Their achievements were celebrated and outcomes were positive. People were supported to engage in activities that were meaningful to them and that they enjoyed.

There were not always appropriate systems in place to monitor activities and to learn from mistakes. Where shortfall had been identified these had not always been acted upon in a timely manner.

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. Safe recruitment practice was not always followed. Vital health and safety checks were not consistently carried out. Fire safety checks were carried out and there were procedures in place for staff to follow however recommendations from the fire department had not been followed up.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were given information about their health care needs and treatments or support available. Staffing records indicated that not all staff had received the necessary training to ensure that people's needs were met. The service supported people in line with the Mental Capacity Act (2005)

Requires Improvement ●

Is the service caring?

The service was not consistently caring

People told us that the care they received was person centred and that they felt cared about. We were told that staff went "The extra mile." CCTV had been installed in a communal area of the home without people's agreement or consultation and their privacy was not respected

Requires Improvement ●

Is the service responsive?

The service was responsive.

People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. People were involved in planning and reviewing their care. The provider had requested feedback from staff and family members and acted on this.

Good ●

Is the service well-led?

The service was not always well-led.

There were not always appropriate systems in place to monitor activities and to learn from mistakes. Staff felt supported and had faith that the manager would address any issues they had. The implementation of CCTV in the service had not been supported by clear rational and guidelines and in line with the values of the service. .

Requires Improvement 

Freedom Care Limited - 68 Conway Drive

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.

This inspection took place on 17 and 18 December 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service during our inspection. We also spoke to a relative of a person using the service after the inspection.

We spoke with the registered manager and four care workers. We looked at the care records of the people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, handover records, staff rota and records associated with quality assurance processes. After the inspection we spoke with the provider and other senior staff in the organisation.

Is the service safe?

Our findings

People told us that they feel safe. One person said "I know at night time there are staff if I need them." We asked another person if they felt safe living at 68 Conway Drive and they said "Yes, there is always someone there."

People told us that they felt safe because they were supported. One person explained "I do my own cooking but I get distracted." They told us that staff helped them to remain focused and complete difficult tasks, such as cooking safely. We saw care plans that staff followed which helped them to understand the risk associated with people's support and how to minimise risks.

The registered manager told us that there were sufficient numbers of staff to meet people's assessed needs. On the day of our inspection we saw that each person had their own staff member supporting them. We saw from the rota that this was the usual staffing level. We were also told that there was an 'on call' arrangement so that advice or support from senior staff could be sought in an emergency. People using the service could be confident there were enough staff to meet their needs.

One person told us that their finances were looked after by staff at the service. They told us, "I'm terrible with money. My keyworker looks after it. I can't budget, I'm glad she looks after it that makes me feel safe." We looked at the service finance policy and how people's money was managed. We found that money was stored and counted appropriately but that access to money by people and staff required greater security measures to avoid the risk of people's money being misused. After the inspection the provider advised us of a system they intended to implement to ensure a more robust system.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. 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 and the registered manager was aware of their duty to report and respond to safeguarding concerns.

The service did not follow safe recruitment processes. We looked at the personnel files for three staff members. We saw that there were occasions when the relevant pre-employment checks had not been carried out. On one occasion we saw that a staff member has started working for the organisation but that they had not received clearance from Disclosure and Barring Service (DBS). DBS checks help to keep those people who were known to pose a risk to people using CQC registered services out of the workforce. On another occasion suitable references had not been requested. This meant that the provider could not be sure that staff employed suitable to keep people safe. We discussed this with the registered manager who told us that the recruitment systems had recently changed and as a result some checks had been missed. After the inspection we discussed the shortfalls in recruitment with the area manager who informed us that internal audits had picked up some of the shortfalls identified and that the organisation was working to meet the necessary requirements. The registered manager had been actioned to ensure all recruitment checks for existing staff were made safe as a matter of priority.

People told us that staff managed their medications and that this helped them to feel safe and be confident that they received their medication as prescribed by their doctor. One person said "I have help from staff.", "I could have a meds cabinet in my room but I didn't think it was a good idea." Another person told us that staff help them to manage their medicines when they were away from the home so that they were able to continue with their planned activities'. "Staff were there to give me my meds and make me feel safe." We were told by the registered manager that the service had supported one person who was vegetarian to access medical services and obtain a review of their medication so that they could continue to safely receive medicines that did not contain animal products.

We were able to see within some staff members' files that they had received training to administer medications to people safely and that this training had also included a practical element and competency checks. Medicines were stored securely however the temperature of the medicines cabinet was not regularly checked and recorded. The manager told us that they would arrange for temperatures to be taken so that they could be assured that medicines were stored as per the manufactures guidelines. We did note that not all of the medicines that were required to be dated when opened had been, as recommended in the manufacturer's guidelines.

We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. Where people had PRN (as required) medicines there were protocols in place however, these needed greater clarity. This included clarifying when to offer the PRN medicine and how to support a person with their PRN medicine if they became anxious. The registered manager told us that staff were required to inform them when they felt that people required PRN medicines, this was not clear from the protocols in place. This meant that people were at risk of not receiving their PRN medications as prescribed.

The service had a restraint policy which aimed to ensure that any restrictive intervention used by staff was legal and ethically justified. It made reference to the need for staff to employ proactive techniques and de-escalation when supporting people who were displaying high levels of physically challenging behaviour which may have led to harm to themselves or others. We saw in people's care plans that these were clearly documented. Staff told us that restraint was only ever used "At the last point." On any occasion when a physical restraint was used staff were required to document this and the manager be made aware. We saw records to show that incidents had been recorded, staff had received de-briefs and the manager was aware. Where staff were required to use a form of physical restraint they must have received the necessary training. We saw records to show that the majority of staff had received training.

We saw that processes were in place to ensure that environmental risks were identified and measures put in place to manage the risks safely. We saw that measures were not always followed as they should be. For example where staff were required to monitor the temperatures of the refrigerator to ensure that food was being stored at a safe temperature this was not being consistently done.

Fire safety checks were carried out and there were procedures in place for staff to follow. We saw that firefighting equipment was in situ and that it had been tested for its safety. We were made aware that the fire officer had visited in July 2015 and made some recommendations. The registered manager had not ensured that these recommendations had been addressed or that the fire risk assessment had been reviewed to reflect these. They offered us assurances that these would be addressed.

There was a business continuity plan in place to be used in the event of an emergency or an untoward event but the registered manager was not aware of plan at the time of our inspection.

Is the service effective?

Our findings

People told us that they were supported by staff who had the knowledge and skills to meet their needs. One person said "Staff understand", another person said when referring to the support they needed when displaying challenging behaviour "Here staff don't give up on me, I need consistency."

People told us that they were encouraged to eat healthy food. One person said, "Staff at tea time cook something but it's my choice if I eat it or not." We were told by staff that people's dietary preferences were taken into account. People were involved in choosing the meals that they wanted and purchasing and preparing meals for themselves with staff support.

People were supported to access health professionals when required. On the day of our inspection we observed a person requesting to see their GP. Staff supported them to make the appropriate appointment. Records confirmed that a variety of health professionals had been contacted as and when required as well as for routine check-ups.

We saw that the service was supporting people to identify their anxieties and implement measures to cope with their feelings. This enabled them to feel more empowered and manage their own behaviour. "When I get anxious, I ring [registered manager] and we have a chat.", "there are certain things I get frustrated about it helps to write things down." We saw that one person had written their concerns down and shared these with staff. This was encouraged by staff as a positive way of expressing themselves. We were told by the registered manager that incidents of physically challenging behaviour had decreased as a result of this support.

Staff told us that they felt supported by the registered manager and that they met regularly with them. One staff member said "The support is brilliant, very thorough." The registered manager told us that they aimed to carry out staff supervision every two to three months. We saw from the three records that we looked at that supervisions were not always happening within the time frame. However staff told us they felt they could go to the manager whenever they felt the need. The registered manager confirmed this. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. We saw that on one occasion a member of staff had expressed concern about pressures that another staff member might be feeling. We were unable to see from the supervision records if the staff member had been offered additional support, the manager assured us that support had been given informally. Supervision records did not consistently indicate if training or support needs were discussed

We were told that when new staff started working for the organisation they were paired with another experienced staff member who they shadowed. We saw that some new staff had received induction training and had completed shadow shifts. Training records for all new staff were not always completed. This meant that the registered manager could not be sure that all staff had the necessary skills to meet people's needs.

Staff told us that they were provided with training in order to help them meet the needs of the people who used the service. Training courses included safeguarding people, food hygiene and health and safety. The registered manager told us that most training courses were completed by staff on line but some training, for example first aid and physical intervention training was completed 'face to face'. We requested to see the training records for staff members. The registered manager told us that the records were not currently up to date as they were being collected at the main office. This meant that the registered manager could not be assured that all staff had completed the necessary training in order to be able to support people effectively. After the inspection we were told by the registered manager that some outstanding training courses had been booked and that the provider intended to employ someone to maintain all of the organisations training records.

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 were 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. Staff were able to demonstrate that they had an understanding of the Act and how it might apply to the people who used the service.

Deprivation of Liberty Safeguards (DoLS), is part of MCA legislation that protects people who not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager had followed the requirements of the DoLS and had submitted applications for standard authorisations to the local authority for people at the service that were under constant supervision. Staff understood their role in terms of ensuring the safeguards were followed.

Is the service caring?

Our findings

People told us that they felt cared about. One person said, "I call it the Freedom Care family. It's nice [living at 68 Conway drive], it makes you feel more at home. It doesn't feel like care." They also told us "It feels relaxed and chilled out." Another person told us that the care they received was person centred. "You can do what you want." One person told us "Staff are kind, if it's a special occasion I stay out till 12, they go the extra mile.", "Staff are kind, easy going and approachable, I'm able to talk to them." Staff told us that they enjoyed having the time to spend with service users and providing consistent care. One staff member told us, "It's their home, it's about what we can do for them." Another staff member told us that it was important to speak to the people who used the service as "equals" and "encourage them at all times."

People told us that they were involved in the planning of their care. One person said, "I know staff have care plans. I know I can see them if I want." We saw within peoples care plans that they had been signed on behalf of people by staff with the person present and giving their permission. One person told us that they were involved in decisions about their care. "You can choose your own keyworker."

People were given information about their health care needs and treatments or support available. One person told us that the service had arranged for them to speak with a member of staff who had completed bereavement training after they had suffered the loss of a family member. They had requested additional support around their bereavement and the service were in the process of enabling them to access this via their GP.

People told us that their bedrooms were respected as private. We saw staff knocked on people's bedroom doors and waited for a response before entering. We saw that people's bedrooms and communal spaces had been furnished and decorated to their tastes.

We were told that CCTV had recently been installed around the outside of the building and in the lounge of the home. Both of the people we spoke to said that they did not like the cameras being in place. One said "oh yeah they do my head in.", "it feels a bit institutional." Another told us "I don't like them; it feels like I'm being spied upon. It doesn't feel like a home anymore. I think it is an invasion of privacy and really institutionalised." We asked the registered manager about the CCTV who told us it was there to protect both staff and people using the service and that CCTV was routinely installed in all the provider's homes.. The registered manager had been aware that at least one of the people using the service had made it clear that they didn't like the cameras and that they had attempted to cover them over the week before our inspection. People had not been asked their permission before the cameras had been installed and were not clear on why they were in place. This meant that peoples consent had not been given and was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us that they were encouraged to be as independent as possible. "Sometimes I try things, sometimes I don't. I need quite a bit of help [with cleaning]." "I go out independently in the community but I'm at the end of the phone to staff if I need them." Another person told us "They [staff] offer assistance rather than just getting on with it for you."

The service had confidentiality and professional boundaries policies. Staff understood the need to follow these. We were told that where staff had previously not adhered to the confidentiality policy they had been disciplined as a result. This showed that the manager took seriously their responsibility to ensure that people's private information was kept safe.

Is the service responsive?

Our findings

People told us that they were supported to follow their interests. One said, "I like to be active and out of the house." Both people told us about the variety of activities that they did. One relative told us "[person using the service] has the opportunity to do whatever she wants." One person was being supported to access a voluntary job and was hopeful that it would lead to paid employment. Staff understood about people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. This meant that staff provided support that was specific to people individual needs and preferences.

Where people struggled to motivate themselves or to cope in community they were supported in a way that suited them. One person said, "I find it easier to be with staff than on my own." Staff members told us that they enjoyed the ability to give one to one care. This meant that support was individualised and consistent. One staff member said, "I like to have the time for just one person's needs."

People were involved in the reviewing of their care and setting goals for the future. People were invited to meet with their keyworkers to discuss the support they received. Prior to the meeting they were given a questionnaire that they could use to help them plan for the meeting and be prepared. People told us that this made them feel involved and that they mattered.

We saw that people's achievements were celebrated. People had a 'life in pictures book' that they were encouraged to complete with photographs of them engaging in activities. This helped people to see the things that they had done and reflect on their progress.

People told us that they were supported to access their preferred place of religious worship. They told us that they found it helpful to be able to pray with some staff members who practice the same faith.

People's changing needs were supported. One relative told us "Whatever it is Freedom make it work." They explained that staff had supported their relative throughout difficult emotional experiences. We were told by people that their plans over Christmas had changed but that staff were available to support them. A relative confirmed that this flexible approach had enabled them to maintain positive links with their relative.

People told us that they were able to receive visitors without undue restriction. We were told that the support that Freedom Care offers had enabled one person to develop stronger relationships with their family and enable them to enjoy the company of their family more as a result. One person told us, "It's good being here, I'm not too far from my family." We saw that one person had been supported to maintain links with a significant person from their past.

People told us that they knew how to make complaints if something was wrong. One person said "I would have a good chat with [registered manager]". Another person told us that they had made a complaint and that they had been satisfied with the outcome. "I talked to [registered manager], he is always on it." People

using the service and visitors were aware of their right to make complaints or raise concerns and how to do so. One relative told us "I can talk to [registered manager] they understand." We observed that an information board in the foyer which displayed the service complaints procedure as well as details for outside agencies to whom people could contact to make a complaint.

People told us that they were involved in contributing to the running of the service and their opinions sought. One person told us about the residents meetings that they were involved in. "I feel it's helpful for [other service user] and I. It helps us get things off our chest." We saw minutes of 'residents meetings' that demonstrated that people were encouraged to share their experiences.

The provider had conducted a survey of family member's views. The majority of the feedback from family members was positive. Where they had raised a concern this had been addressed by the provider. For example, results showed that some family members were unsure about people's involvement in planning their own care. The provider had responded by putting together a service user and family care information pack. This offered information about internal processes, staff training and how the service writes and reviews care plans. Where one family member had expressed a number of concerns the provider had met with them. We were able to see an action plan devised by the provider. This set out how the provider intended to deal with the issues raised from the survey, including making changes to the survey so that it would be clearer to families next time it was sent out. This showed that the service was keen to receive feedback and acted on it when it was received.

Is the service well-led?

Our findings

The registered manager carried out monitoring of the systems in place within the service, however these were not always recorded. Medication storage and recording was not routinely audited to ensure that safe practice in line with current guidance was being followed. The manager told us that they would implement a formal auditing system. Where medication errors were identified these were addressed by the registered manager however actions were not always documented. This meant that there were not appropriate systems in place to monitor activities and to learn from mistakes.

Staff had been delegated to oversee the health and safety checks and cleaning schedules that were required in the service. Records showed that these were not being consistently completed. Where short falls had been identified they had been addressed however they had not always rectified the concern. This meant that the registered manager could not demonstrate that effective quality monitoring systems were in place.

Staff told us that they were offered de-briefs after having experience behaviour that challenged by the people who use the service. They told us that this meant that they felt supported and that other staff and the management team appreciated some of the difficulties within their role. The registered manager told us that de-briefs also enabled them to learn from situations that had occurred and look for ways to prevent similar situations happening again.

We saw that staff meetings had taken place, staff told us that they were affective. We saw that staff meetings were used as a way of communicating information and provided an opportunity for staff to provide feedback. We also saw that the registered manager used these meetings to remind staff of specific guidelines around service policies and procedures.

Staff told us that they felt supported. One person said "If I'm stuck on things I can go to the office and we can talk things through." We were told by one staff member that the management team had been particularly flexible in supporting them with an area of their role that they were struggling with. Another staff member said "If I bring up an issue it gets sorted. The management team do listen to us."

The provider had carried out a staff survey. As part of the survey 81% of staff said that they would recommend the company as a "Great place to work." We saw that the provider had responded to staff after the results of the survey had been analysed. We saw a memo sent to staff thanking them for their hard work and commitment. Where areas were identified as requiring improvement the provider had shared these with staff and had actioned a plan to make improvements.

The registered manager told us that they felt supported by the organisation as a whole and they receive regular supervision. The area manager visited the service weekly and conducts internal auditing. An internal audit had picked up shortfalls in the services recruitment procedures and as a result the recruitment process was in the process of being made more robust. We saw that other areas had been identified as being in need of addressing in February 2015, such as maintaining and updating training records but these had not yet been fully actioned. Audits were not always formalised. The area manager informed us that the

organisation was working towards formalising audits and ensuring that these happened on a regular basis.

The provider had policies and procedures that promoted openness and encouraged staff and people using the service to raise concerns or question practice. We saw evidence that the provider had acted on concerns of a person who had used the service and had changed the way care was delivered. On the whole people using the service were involved in decisions about how the service was run but this was not always the case.

We found that the implementation of CCTV cameras at 68 Conway Drive had not taken place in consultation with the people who used the service or their families or advocates. The rationale behind the implementation had not been documented and policies and procedures were not in place to make clear how and when it could be used. There are requirements in order to use CCTV which the service was not able to demonstrate that it had followed. Since our inspection we were given assurances that the provider was reviewing the system and intended to conduct a retrospective consultation.

After our inspection we were told that the provider and management team had a plan for making improvements in the next 12 months. A more robust quality monitoring process was to be implemented and monitored in an effort to drive improvement.