

Freedom Support Ltd

# Freedom Support Ltd

## Inspection report

Staffordshire House  
96 Stone Road  
Stafford  
Staffordshire  
ST16 2RS

Tel: 01785600240

Website: [www.freedomsupportltd.org.uk](http://www.freedomsupportltd.org.uk)

Date of inspection visit:

01 March 2017

08 March 2017

Date of publication:

12 June 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 1 March and 8 March and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

The service provides personal care to people who live in their own homes. At the time of the inspection there were 35 people receiving the regulated activity of personal care and two people who received a supported living service.

There was a registered manager in post. 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.

At the last inspection we found that the service did not always act in accordance with the Mental Capacity Act (2005) and quality assurance systems were not always effective at driving continuous improvement. These constituted a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made in the areas of concern and the provider was no longer in breach of any Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse and the risk of abuse as staff and the registered manager followed the correct procedures and reported potential abuse to the local safeguarding authority for further investigation.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks.

There were sufficient numbers of suitably trained staff to keep people safe. Staff had been employed using safe recruitment procedures to ensure they were of good character.

People and their relatives told us they received medicines when they needed them. Staff had been trained to administer people's medicines safely.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA to ensure that people consented to their care, treatment and support, or were supported to consent with their representatives if they lacked capacity.

People's care plans were personalised and met people's individual needs and preferences. The provider had a complaints procedure which they followed and people and their relatives knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink to maintain a healthy lifestyle dependent on their specific needs and choices.

When people became unwell staff knew what to do and responded and sought the appropriate support.

People told us that staff were kind and caring and their privacy and dignity was respected.

The provider had systems in place to monitor the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse as staff and management knew what to do if they suspected abuse had taken place. Risks of harm to people were assessed and staff followed their care plans to keep people safe. There were sufficient staff to meet the needs of people who used the service. People had their medication at the times they needed it.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were suitably trained and supported to fulfil their role. The provider followed the principles of the MCA and ensured people consented to or were supported to consent to their care. People were supported to eat and drink sufficient amounts and received healthcare support when they needed it.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and their independence was promoted. People's right to privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their individual needs and preferences. People knew how to complain and complaints were listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led.

Systems to monitor the quality of the service were in place to

ensure people  
received the care they required and that was safe. The provider  
had sent us notifications as they are required to do. People who  
used the service and the staff felt the service was well managed.

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# Freedom Support Ltd

## Detailed findings

### Background to this inspection

Start this section with the following sentence:

'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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

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 inspection was carried out on 1 March and 8 March. The team consisted of one inspector and an expert by experience who carried out interviews with people who used the service or their relatives via the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with two people who used the service and 11 relatives. We also spoke with five members of care staff, the registered manager, a service manager and the provider.

We looked at people's care records to see if they were accurate and up to date, and we also looked at records relating to the management of the service. These included quality checks, staff recruitment files, medication records and other documents to help us to see how care was being delivered, monitored and maintained.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe when they were supported by staff. One person said, "I always feel safe with the staff." One relative told us, "I'd trust them with life, [relative] has been much calmer since Freedom Support have been involved, the carers are one step ahead of [relative] at all times." Staff we spoke with were able to tell us how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur and how they would recognise signs that may give cause for concern. Staff were able to explain how they would report concerns to ensure that necessary investigations were completed, and we saw that concerns had been reported to the local authority when needed. One staff member told us, "I wouldn't hesitate in reporting anything I thought was abuse, it's our job to support people but also keep them safe."

People's risks had been identified and individual assessments were completed for each person and plans were put in place to minimise these risks. Staff we spoke with were able to tell us about the risks that had been identified for the people they supported, and how those risks were managed. One staff member said, "We use the care plans and risk assessments, and we use our training to make sure we support people safely." We saw that there were detailed care plans and accompanying risk assessments for staff to refer to. For example, where people required specialist support for their epilepsy we saw that there was a detailed description of the types of seizures each person had, and the protocol that staff should follow should the person have a seizure whilst in their care. We also saw that manual handling assessments were in place with detailed guidance for each piece of equipment each person needed. Staff were able to explain these protocols and we saw records that confirmed what staff told us, and these had been reviewed and were up to date. This meant that staff had the most up to date information to follow to help them support people safely.

People who required support to take medicines received their medicines on time and as prescribed. One person said, "Yes they help me to remember to take my pills". Staff told us and records showed that people were given their medicines by staff who had received appropriate training and had been assessed as competent to administer medicines by a senior member of staff. Staff we spoke with told us they received training to administer medication and underwent spot checks to ensure they were giving people their medicines in a safe way. We looked at people's Medicine Administration Records (MARs) and found people were given their medicines as prescribed. We looked at the systems used to manage medicines and saw the registered manager completed audit checks to ensure people received their medicines as prescribed. This meant people received their medicine at the times they needed them.

The people we spoke with told us that there were enough staff available to support them. One person told us, "I think there are enough staff, you get the same staff to look after you. They come to me on time and call if they going to be late." Relatives also told us they were happy with the staffing levels and continuity of staff. One relative said, "[relative] has had care for a few months now and the punctuality is amazing. We can change times if we need to due to [relatives] condition." And another relative said, "The punctuality is good, staff stay the time they should, and are never rushing."

We spoke with the registered manager about how they manage staffing levels. They told us they assessed the needs of people they currently support and then worked out how many staff they needed, and this was adjusted depending if people's needs changed. We saw rotas that confirmed this. This meant that there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels regularly.

We saw that the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks to ensure the staff that were employed at the service were of suitable character to provide support to people. Staff we spoke with also told us they had undergone checks through the Disclosure and Barring Service (DBS) before they began working at the service. The DBS is a national agency that keeps records of criminal convictions.



## 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. Previously we had found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always supported to make their own decisions, MCA assessments or best interest decisions were not in place for some people, relatives were signing consent forms on behalf of their relation without having the legal rights to do so and the majority of staff had not received training in the MCA. This meant that people's legal and human rights may not have always been upheld.

At this inspection, we found that improvements had been made and they were no longer in breach of this regulation. We found that the provider was now discussing if someone may lack capacity during their initial assessment and these discussions took place with the person, if able and their relatives. The decisions were documented in the person's files, and care plans had been developed around the areas that the person required support with. Best interest decisions were also present in people's files for specific decisions about their care and support. These had been made with relatives and other professionals present and were also clearly recorded in each persons' care plans. The provider was also now keeping a record of which relatives had the legal right to make decisions on behalf of their relation and asking to see evidence of this. The staff that we spoke with were able to tell us about the MCA and gave us specific examples of how they supported people to make their own choices. For example, one staff member told us, "It's all about making sure people can have as much choice as possible, and helping them with decisions when they can't do it by themselves. Some of the people I support can't tell me what they want but they will use movements and I know what these mean so am able to get them what they need." Another member of staff told us, "It's about choices and making decisions and if people struggle to do this then you don't offer too many choices but maybe offer two choices so it's not too difficult for them." Another staff member went on to say, "You always presume someone can make their own decisions unless there is a reason why they might not be able. I support people that can't speak to me but they will use facial gestures to indicate if they are happy for me to support them or not, or to tell me what they want such as which shirt they would like to wear that day."

We received positive feedback from people and their relatives about the support they got from staff to make decisions and have choices. One person told us, "I do make my own decisions quite a lot, but sometimes I do struggle and that's when the staff help me and we talk about the options." One relative told us, "The care is all about [relative], they can make some choices for themselves and the care staff support them with the other choices ensuring they are safe at all times, I am so pleased that they support us." This meant people were involved in planning their care and making choices for themselves where able.

Staff told us and that they had received training before they started to support people, had yearly refresher training and also specialised training dependent on the support needs or medical conditions of the people they supported. One staff member said, "We get training on any equipment we need to use for each person,

or any protocols we have to follow such as for epilepsy. We do get quite a bit of training." Records confirmed that all staff had received MCA training. Where required specialised training had been given for people requiring specialist feeding equipment to help them eat and for any other interventions people may need for their health condition.

Relatives told us that staff supported people to eat and drink sufficient amounts to maintain their health. A family member said, "We decide between us what [relative] is going to eat and the carer will usually prepare it and then will encourage them to eat." A staff member told us that they try to encourage people to eat and drink appropriate amounts, "I always try to encourage the person to eat healthily, but it is their choice and also make sure that they have enough fluids during the day because they may not be able to tell you that they are thirsty." We saw that where needed people had their food and fluid intake documented so that an accurate record was kept to ensure people's nutrition and hydration could be monitored. We saw evidence where guidance was sought from a speech and language therapist for a person that was at risk of choking, and informed them if there were any changes. This meant people This meant that people were supported to have enough to eat and drink and their preferences were catered for.

People and relatives told us they got to see a GP and other health professionals when they needed to. One person told us, "The staff take me to all my appointments and we talk to them together and it helps me understand." One relative told us, "They always let us know if [relative] isn't well and will call the doctor if needed." We saw evidence that the service worked well with other professionals. For example, the management had worked closely with a GP and district nurses to allow a person to return to their own home at the end of their life. This meant people were supported to access health services to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the care they received from the staff at Freedom Support. People said staff were kind, caring and patient. One person told us, "They are really good, I have a good team of carers and they help me." Relatives also told us that they were happy with the care their relatives received. One relative said, "The staff have a real caring attitude, nothing is ever too much trouble, in fact I think they do so much more than they need to." Another relative told us how they feel the care their relation receives is person centred, they told us, "Brilliant care, I wouldn't stand for anything less." Another relative told us, "We really can't fault the care staff or anyone in the office; they all have a good attitude. My [relative] has their care plan reviewed regularly and it's like having your best friends in your home looking after you, just brilliant."

During the inspection to the office we saw some staff supporting people who had been out for the day or were attending the onsite day service. We observed that staff appeared to have good relationships with the people they supported and were laughing and chatting with people in a relaxed way. Staff told us that they knew people well, and by reading their care plans and getting to know the person this then helped them to support people. One staff member said, "At the end of the day you have to treat people in a way that you'd hope one of your relatives or even yourself would want to be treated. Reading the care plans is good as there's lots of information in them, but really getting to know the person, and them getting to know you is the best way for them to get the best support they can." And they went on to say, "I love my job, I get a lot of satisfaction knowing that I make a difference to someone's day." Another staff member said, "I like working with people, I like helping them and it is very rewarding for me too."

People told us that staff respected their privacy and dignity. One person told us, "They respect what I want and support me so that I can have time alone if I need it." One relative told us, "The staff always treat [relative] with dignity." Another relative said, "We have never had better care for our [relative], nothing is too much trouble. There is nothing they wouldn't do for us, I really couldn't have managed without them, Freedom Support goes over and above what's needed to improve our lives."

Staff told us how they promoted peoples' independence. One staff member said, " Each person has their own care plan that tells us what support they need, and we always try to encourage people to do as much as they can based on that. We use daily information sheets to record where we have encouraged people and we use this as a handover for the next shift, and also to keep track of how much progress there may have been." This meant that people were able to have choice and control about their care and support, and their privacy and dignity was respected.

## Is the service responsive?

### Our findings

People told us that staff knew their needs and how they liked to be supported. One person told us, "I have a good team of carers, they understand me and help me, and always ask me what I want to do. They support me when I go out so I can buy things I want without getting anxious." Relatives also told us that staff knew their relatives well and the care was personalised for them. One relative said, "My relative prefers male carers and this has never caused a problem, I can relax when they are in my home." Another relative told us, "Freedom Support work very well for us, [relative] is supported to attend activities and the carers take part in the activity as well to help to motivate them. Because they take [relative] it's like having friends not carers, and we find that male carers are best and this is not a problem." Staff told us that they knew people's likes and dislikes. Staff were able to tell us about people's needs, what people were able to do for themselves and what help and support they needed. One staff member told us, "I always ask the person what they want or would like to do, I know how much they can usually do but this can change so it's important to ask." We found that care plans contained people's preferences in care and gave detailed guidance for staff on the way people liked to be supported.

People we spoke with and their relatives told us that they had been involved in the planning and review of their care. One person said, "I was asked at the beginning what I wanted and the manager came out to me to set everything up, then we have a meeting to check everything is still ok." A relative told us, "We had someone come out to us before the package started and we discussed what was needed and then they check with us if everything still working out ok,". We saw records which confirmed that care plan and risk assessment reviews had been carried out, and we saw that where people's risks or health had changed the assessments and care plans had been updated. This meant staff had up to date information to help them support people.

Relatives told us that the service was responsive in regards to the times of calls and the ability to rearrange if needed. One relative said, "They can do different times for calls if we need them to, that's never been a problem." Relatives also told us that their relations preferences for staff were listened to. One relative said, "We have the same two carers all the time and they come at times that are agreed by mutual discussion and if times need changing the company do anything they can to allow this to happen." And another relative said, "We have a mixture of carers, and if we need to change anything they are as accommodating as possible and they have never let us down yet, It's ticking along as I expect it do."

People told us that complaints were dealt with and that they knew how to complain if they had any concerns about the support they received. One person said, "I have complained once, and the manager has looked into some other things for me and sorted them out too." Relatives also said they knew how to complain if they needed to. One relative told us, "I am sure that any problem we had would be sorted as quickly as possible as the manager is very approachable and nothing is ever too much trouble." We saw that the provider had a procedure in place to deal with complaints about the service. We viewed the complaints records and saw that the registered manager had investigated complaints and responded to people's concerns. One example was a complaint the registered manager had received about a person

being disappointed about missing an activity. We saw that the staff member was asked for their account of what happened, the registered manager and a service manager visited the person at home to discuss the matter and a satisfactory outcome was achieved. We were also able to ask the person about this and they told us, "It's sorted now, and hasn't happened since." We also saw that several compliments had been received from relatives, these included, "[Relative] is in safe hands and we can relax for once in our lives." And "I'm really impressed with Freedom Support, they are focussed on solutions not problems." This meant people were enabled to share concerns about their care and systems were in place to respond to any complaints.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring systems were not in place to allow the manager or provider to assess, monitor and improve the quality and safety of the services provided.

At this inspection, we found that improvements had been made and they were no longer in breach of this regulation. We saw that there was now a service user's review matrix in place and this was used to record where the office manager had called to ask the person (if able) and their relatives for feedback on the care and support being received. Records showed that these discussions were documented and saw that actions were taken following this feedback. For example, relatives were asked if they thought all records were up to date and relevant and one relative stated that they hadn't looked at them for a while. It was recorded that the relative was encouraged to read through all documentation and contact the service if any amendments were needed. We also saw that team meetings were held with the person receiving the support, their relatives and all the carers responsible for the persons' support. We saw examples of where relatives had suggested improvements and these had been acted upon. This meant that the provider gained feedback from people and their relatives and acted upon suggestions.

Each person had a daily record which staff used to document information about the support they had provided during that shift, and this included Medication Administration Records (MARs). These were audited on a monthly basis. We saw that where any discrepancies were found these were discussed with the staff member responsible. For example, we saw that some staff had been forgetting to sign for creams that had been applied. The service manager had discussed this with the staff responsible, actions taken were recorded and this was followed up via email. This meant that the provider acted upon discrepancies found in records to try to prevent any further occurrences.

People and their relatives told us they were able to approach the registered manager and other members of the management team. One person said, "The manager listens to me and I know they would sort any problems out". A relative told us, "Freedom Support give outstanding service, they have brilliant staff, an amazing manager and my life has changed so much since they have been involved, they don't just care for [relative] they care for me as well." Another relative said, "We have only used Freedom Support for a short time, but on the whole it works very well I feel we are still building a relationship."

Staff we spoke with also told us they felt that they were able to approach the registered manager with any issues, and felt supported. One staff member said, "The manager is good, they are efficient, approachable and deal with issues quickly." And another staff member said, "We get regular supervisions, we use a template so we discuss everything and we get to talk through any issues we might have or if we need any more training." This meant staff felt supported by the registered manager.

Records showed that team meetings took place to ensure all staff were aware of any changes in policies or updates with service users, and also mobile phone applications were used to get important information to

staff quickly with the management able to monitor when these messages had been read by the staff members.

People and their relatives told us that the provider was very involved in the service, and the registered manager told us that they felt supported by the provider. We saw that the registered manager understood the requirements of their registration by notifying us of any significant events. The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the service.