

Freetime Care Services Limited

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Inspection report

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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

Freetime Care Services Limited is a domiciliary care agency. It provides personal care and support for people with learning disabilities who live in their own homes. The services to people varied from daily support in their home to providing respite support in their own home. CQC regulates the personal care activity that Freetime Care Services Limited provides to people in their own home. We do not regulate the day care provision provided from this location, although we looked at how the provider managed risks associated with people engaging in social and recreational activities as part of their care package. At the time of the inspection four people were provided with personal care.

The inspection took place on 13 November 2018 and was announced. At our last inspection on 18 February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had 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.

We found that Freetime Care Services Limited reflected the values that underpin Registering the Right Support. By this we mean the provider had developed their service to ensure people with learning disabilities and autism are supported to live as ordinary a life as any other person. They are provided with choice and there is promotion of inclusion.

Relatives were happy their family member was safe using this service. Staff knew how to recognise and report abuse. Risks to people's safety were well managed and included those risks associated with using community amenities so that people could undertake these safely and without any restrictions. Consistent staffing levels ensured people had the support they needed in their own home. Recruitment processes remained safe with checks in place to ensure staff suitability. The provider did not currently support people with their medicines but staff were trained to do this. Staff followed infection control guidance when supporting people in their own homes. There were processes in place to improve people's experiences when things went wrong.

People were involved in identifying their needs and received support from staff who continued to receive regular training. Staff understood how to support people with eating and drinking and the risks associated with this. People had support to maintain their health and staff were proactive in supporting them to access healthcare services. 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 supported this practice.

People were supported by staff who were caring and attentive and respected their diversity and choices. Staff promoted people's preferred communication methods to ensure their individual choices were fully respected. Staff had a thorough understanding of promoting and respecting people's privacy, dignity and independence.

Care and support was responsive to people's needs and provided in a person-centred way. People were involved in the planning and reviewing of their care, and supported to follow their recreational interests. Relatives told us they felt confident to raise a complaint.

The provider had a clear management structure and had actively adapted their service to benefit the lives of people using the service. There was a focus on continuous improvement which was reflected in their development of the service. The provider worked in partnership with several other agencies to ensure people received the right support. Staff felt supported and valued in their work. There were systems in place to monitor the quality of the care provided and to ensure people received quality care.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service was Good	Good ●
Is the service well-led? The service remains Good	Good ●

Freetime Care Services Limited

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 13 November 2018 and was announced. The provider was given 48 hours' notice of the inspection in order to arrange for staff to be available to speak with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people for their views on 13 November 2018.

The inspection site visit activity started on 13 November 2018 and ended on 14 November 2018. It included telephone calls to three relatives of people who used the service, we spoke with the registered manager, provider and three staff members.

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. This was returned to us completed within the timescale requested. Our assessment of the service reflected the information included in the PIR.

We looked at the information we held about the provider and this service, such as incidents, or injuries to people receiving care, this also includes any incidents of abuse. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided. The local authority is responsible for monitoring the quality and funding for people who use the service.

We looked at a range of documents and written records about how care services were being provided which included sampling four people's care files, two staff recruitment files, staff training records and information relating to the administration of medicines and the management, auditing and monitoring of the overall service people received in their own homes.

Is the service safe?

Our findings

At the last inspection on 18 February 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

Relatives consistently told us their family member received safe care, one person said, "They [staff] try to stick with the same core team as much as possible which is essential for [name's] care, and understanding [name's] intricate behaviours". Relatives told us they were confident to take a short break away from caring for their family member because staff provided safe care in the person's own home. One relative told us they were happy with the safety measures in place, they said, "We have confidence in them if we are away".

Staff had been trained in and understood the procedures for protecting people from harm or abuse and how to escalate any concerns to the appropriate external agencies. A staff member told us, "We discuss any concerns regularly, I know how to report abuse". The provider had a safeguarding policy which was shared with all staff so that everyone had a consistent approach to safeguarding. The provider had been proactive in making safeguarding alerts and taking action to mitigate risk; for example, where a person's behaviour put themselves and family members at risk other agencies had been involved. Staff were aware of the whistleblowing policy and told us the provider encouraged them to identify any concerns and they were confident to do so.

Relatives confirmed they had discussed how to manage risks to people's safety. One relative told us, "[Name] is allowed to walk in very safe places until they need a chair again – they choose quiet, suitable places where [name] is safe; mum was pleased with this". Support plans provided information to staff on how to keep people safe and these had been reviewed and updated as needs changed. Staff provided a good account of how they managed risks such as epilepsy or dysphagia [risk of choking]. Risks associated with people's behaviours whilst being transported contained clear guidance to staff. For example, ensuring people travelled with peers they like or will tolerate so that people's anxieties were not escalated. Written protocols were in place identifying safe sitting positions for eating and drinking. Where people were supported with social opportunities for example when swimming, guidance was in place to prevent water inhalation or secondary drowning. One staff member said, "We regularly discuss any risks and look at ways to support the person".

People were consistently supported by a core group of staff who were matched to them and had the skills to meet their specific needs. Relatives were complimentary about staff consistency and the importance of staff knowing their family member. One relative told us, "[Name] treats the staff like family;– [name] is very fond of them. They understand [name's] needs". Staffing ratios were based on people's specific needs and we saw rotas were prepared in advance and provided continuity to people. Staff confirmed that on-call support was always available when needed.

Records showed the providers' recruitment procedures remained robust with clear processes for seeking references, proof of identity, employment history and a police check before staff were employed.

Staff were not currently required to support people with their medicines. We saw staff had been trained in medicine management and that policies and procedures were in place.

Infection control measures were in place and practiced. Staff had access to equipment, such as gloves and aprons and provided examples of how they followed good hygiene practices.

The provider reviewed accidents and incidents and had been proactive in managing people's safety. Action to prevent reoccurrence of incidents where people moved between different services had been taken to mitigate risks. A relative describing such an incident, told us, "They were very on the ball, professional, good records with body mapping and very supportive. We could trust them. They were head and shoulders above the respite company".

Is the service effective?

Our findings

At the last inspection on 18 February 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

People's needs continued to be fully assessed before they started to use the service. We saw assessments were thorough and captured people's needs, histories, and preferences. Relatives confirmed they and their family member had been fully involved in this process.

People told us staff were knowledgeable about how to support their family member's needs. Staff continued to receive training specific to people they supported. One staff member told us, "We've done lots of training to meet people's complex needs and it really helps". The provider told us in their Provider Information Return [PIR] that training is tailored to people's specific needs. Examples of this were that all staff had completed CALM (Crisis Aggression Limitation Management), to support people's behaviours. All staff had completed Autism awareness and Asperger training. We found that people's support was delivered by staff who had completed varying levels of recognised qualifications.

Staff confirmed they had a comprehensive induction which included the Care Certificate to further enhance their skills and knowledge. All of the staff spoke positively about the support they received which included regular supervision in which to reflect on their practices. One staff member told us, "Training, support and guidance is always available".

There were regular platforms for staff to discuss people's support needs and agree a consistent approach to meeting people's needs. Records showed that staff reflected on the way they supported people and this was communicated so people had effective support.

Where people were supported with meals and drinks. Relatives told us staff prepared meals and drinks in line with people's needs. Staff were knowledgeable about the risks posed to people when assisting them with eating and drinking and confidently described how they ensured food was at the correct consistency, drinks thickened to aid swallowing and people seated in the right positions. Staff we spoke with understood the importance of the person's preferences; for example, some people with autism can have eating routines and specified utensils they will use. Support plans clearly defined these routines so people had the right support.

The provider liaised with a number of community health professionals where people needed assistance with their health. They had worked closely with the local Dysphagia team which enabled them to support people to eat and drink safely.

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 Mental Capacity Act 2005 (MCA). Staff told us that people who used the service had capacity to make some decisions about aspects of their care. Where people lacked capacity to make specific decisions we saw people's

representatives and other professionals had made decisions in the persons best interests. Staff had completed training in the (MCA), and provided people with choices around their care. Communication aids such as pictures or symbols had ensured people's choices were explored and their consent to care sought.

Is the service caring?

Our findings

At the last inspection on 18 February 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

Relatives were consistently complimentary about the caring approach of staff. One relative told us, "I can't speak highly enough of the care; can't praise them [staff] enough". Another person told us, "They are totally professional but caring with [name], who has a real bond with a few of the staff".

Staff had forged positive relations with the people they supported and their extended family. Relatives told us staff were attentive and helpful. We heard they were particularly pleased they received support from the same regular staff who provided consistency and ensured their family members complex needs were met in a caring way.

Relatives told us they were fully involved in decisions about the care their family member received. They described regular meetings with the provider which enabled them to discuss how they wanted support delivered. One relative said, "Review meetings are held at home for my parents and we can write anything we want to add". Relatives felt the support plan was tailored to their family members needs so that it mirrored their personal routines at home and did not create any distress.

We saw time had been taken to match staff to people so that they had the right personality and skills to support that person. Staff spoke about people in a caring and respectful way and had an in-depth understanding of their characteristics and routines. One staff said, "It works really well; we are well prepared, we visit people beforehand get to know them and their routines". Relationships between staff and the person they supported were fundamental to achieving positive outcomes for people. For example, we heard how people were happy to comply with personal care routines because they felt comfortable with staff and trusted them.

Staff had received training in equality, diversity and human rights, (EDHR) and person-centred care. Staff understood how to protect people from discrimination. They had for example, liaised with various agencies to support a person's citizenship. Another person was being supported to access specialist advocacy services to represent their difficulties with unsuitable accommodation. This reflected that the provider understood when and how to support people to access other services they may otherwise find it hard to use.

Staff had continued to promote people's privacy and dignity when delivering personal care within their home. We also heard how they promoted these principles when supporting people in the community. For example, we heard how staff had explored eating places that allowed them to puree meals so that people could maintain their dignity whilst engaging in social opportunities of their choosing without limiting their lifestyle choices.

Staff continued to promote people's independence and we heard examples of how this had improved

people's self-help skills. For example, undertaking aspects of their personal care such as dressing, or with support using cutlery to eat independently. Support plans clearly outlined what people liked to do for themselves and staff were fully aware of and promoted people's skills.

Is the service responsive?

Our findings

At the last inspection on 18 February 2016, we rated this key question as 'Outstanding.' At this inspection we rated this key question as 'Good'.

Relative's comments were consistently positive about how the service responded to their family member's needs. One relative said, "[Name's] needs are profound; the staff communicate with [name] through routine".

The service continued to be responsive to the needs of people providing them with personalised care. The registered manager confirmed that they visited people at times to suit them. They recognised these times needed to be flexible so that personal care is delivered in a way the person prefers and takes account of people's complex needs.

People continued to be involved in developing their support plan. These identified what was important to the person so that people had consistency and continuity. For example, one person preferred drinking from specific cups which they identified with milkshakes, juice or milk. Another person's preferences about how they liked their personal care delivered included providing them with sufficient time to follow their routine because this was part of the person's complex needs. Staff were aware of the importance of maintaining people's routines to avoid any unnecessary stress to them. A staff member told us, "One person if rushed will get agitated, we take our time, follow their lead and when they are ready we support the person's social activities for the day".

We found that providing staff who people liked and related to, gave people consistency and confidence. For example, support had been organised to provide care in a person's home so that their family could have a short holiday. Relatives were confident staff had the skills to respond to their family member's complex needs in relation to their autism.

Staff told us they found care plans contained all the information they needed to be able to deliver people's care the way they needed and wanted. For example, one staff member said, "We assess and observe people in their home environment so that we can understand their routines and forms of communication, this is recorded in the care plan so we are familiar with people's words, gestures or objects of reference".

Activities were personalised and enabled people to maintain their presence in the community. The provider's vehicles supported people to access amenities more easily. People were supported to participate in swimming, meals out, trampolining and visits to places of interest. Activities were centred on the person's interests and took account of their specific needs. For example, a person enjoyed going to the local shopping centre for refreshments, another person enjoyed short walks. Staff had explored places suitable to both people to enable them to do these activities avoiding noisy or crowded places. Relatives told us that they were happy that their family member continued to have social opportunities they enjoyed and valued.

The provider told us in their PIR how they supported people's communication. They had explored ways for

people to access information in a way they could understand and comply with the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability or sensory loss are supported to communicate effectively. The provider had invested time and effort on developing communication aids. Newly produced 'Now' and 'Next' pictorial cards were used for a person to communicate with them when it was time to finish or start an activity such as time to leave the swimming pool. Objects of reference to assist people in making choices were also used. The provider had produced a talking book for a family whose first language was not English.

A relative told us, "I am quite happy with Freetime as a provider – if we have any issues along the way they are very approachable, they will listen and they will do their absolute utmost to resolve the issue". Relatives remained confident that any concerns or complaints they had would be addressed. The complaints procedure was available in a suitable format for people who used the service. Staff told us they explained this process to people to aid their understanding. There had been no complaints made about the service

This service is for younger adults and does not provide end of their life care.

Is the service well-led?

Our findings

At the last inspection on 18 February 2016, we rated this key question as 'Good.' At this inspection the rating remains Good.

Relatives were consistently complimentary about how the service was run. They spoke about positive relations between them and the registered manager and provider. They valued the good levels of communication and the provider's commitment to equipping staff with the knowledge and skills necessary to meeting people's complex needs. One relative told us, "I would absolutely recommend Freetime – we wouldn't send [name] anywhere else".

There was a clear vision to develop quality care and support and promote a person-centred approach with good outcomes for people. We saw the provider had achieved this by providing consistency and continuity to people via creating core staff teams, matching staff and people, and considering people's complex needs and compatibility. Relatives confirmed that this approach worked for their family members who needed continuity and staff with specific training. The provider supported this via investing in staff training and development plans which included accessing specialist training in line with people's needs. The provider had continued with their commitment to developing the service and told us in their PIR that being registered with a number of accreditation schemes and associations enabled them to continue to provide best practice and quality of care and support to people who used their service. This had led to being registered to deliver in-house courses for both their staff and other local organisations to share best practice.

Staff told us there was an inclusive culture in which they were regularly consulted and there was shared learning. They said their training and support was consistent and they felt valued. In their discussions with us they reflected the values of the service; commitment, compassion and integrity. Staff said the registered manager and provider promoted a vision of good quality care. All the staff expressed they were very happy working for a company that set high standards. One staff member said, "We focus on the person and how we can improve their support". The provider recognised staff achievements via award schemes.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as notifications or safeguarding incidents. The registered manager understood their regulatory responsibilities and the service's latest inspection ratings were displayed appropriately. There was a clear management and staffing structure which staff understood. Staff told us they had clear roles and understood what was expected from them. Staff worked in different teams and supported people across the service, for example within their own home with personal care, and within the provider's day service.

The provider had an on-going development plan which included systems to seek people's feedback on the service. Questionnaires had been produced in formats suited to people's needs. We saw the results of these were positive. The provider was planning to seek stakeholders feedback. We saw that home visits, spot checks and telephone calls had captured people's feedback and that they were very happy with the service.

The provider had continued to look at ways they could meet people's changing needs. They had responded to people's increased need for support in their own home. There had been growth of the service in terms of the number of people they supported. The provider had plans to extend their respite support to meet the specialist needs of people. A relative told us how invaluable having additional and flexible support had been to them, they said, "They provide domiciliary respite care so that we can attend weddings. They have high standards of training in all [name's] needs which are carefully considered and all eventualities are considered."

The provider's arrangements to check and monitor the quality of the service people received, continued to be effective and consistent. For example, we saw care records were audited to ensure people's support was in line with their assessed needs. Accident and incidents were reviewed to ensure processes were followed. Staff competency checks were regularly carried out to ensure staff worked to the required standard. The provider monitored staffing levels to ensure people had the correct ratio of staff to support them. The provider told us in their PIR that they used several methods to review and maintain standards within the service. For example, staff hand-overs, staff meetings and staff supervisions. We saw this enabled staff to contribute to the on-going development of the service.

The provider actively engaged with many organisations to support people's care. One example being their work with the dysphagia team to manage risks associated with assisting people to eat and drink. There was evidence of partnership working with a number of agencies related to transitioning people into the service and ensuring a thorough assessment of people's needs and risks. They had where they could, engaged with specific agencies to support people with aspects of their life in which they were experiencing difficulties, which showed their commitment to advocating and promoting people's rights.