

# Freetime Plus Limited

# New Street

## Inspection report

116A New Street  
Quarry Bank  
Brierley Hill  
West Midlands  
DY5 2BB

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17 January 2022

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

New Street is a residential respite care home providing personal care to people who have learning disabilities or autistic spectrum disorder. The service can support up to 2 people for short stay respite care.

### People's experience of using this service and what we found

We found the provider had not sent Deprivation of Liberty Safeguards (DoLS) authorisation requests. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In addition, we found some people did not have a completed mental capacity assessment.

Staff had received training in the Mental Capacity Act however, further improvement was required to enable staff to fully understand how to work within the principles of the Act.

We raised the issue with DoLS requests and improvements to training with the provider and they confirmed DoLS requests would be issued and refresher MCA training provided for staff members.

The provider had developed a range of audits and quality assurance checks however improvements were required due to issues found during the inspection not being identified by the provider.

People were comfortable, relaxed and happy around care staff and staff understood how to keep people safe.

Staff understood who to report concerns to as well as the risks to people's health.

Staff had very good knowledge and understood people's health conditions and the support they required.

The risks to people's health were reviewed regularly and care plans updated following any changes.

Safe recruitment and background checks were carried out prior to staff commencing employment.

People received their prescribed medications safely and in accordance with their specific guidance.

People were supported to attend appointments with healthcare professionals and guidance was sought.

Staff followed the infection control procedures the provider had in place.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were working towards meeting the underpinning principles of Right support, right care, right culture, however improvements were required in relation to maximising people's choice, control and independence due to issues around DoLS identified during the inspection.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This is the first rating of this service. The service was registered with us on 19 September 2019.

Why we inspected

This was a planned inspection as the service had not previously received a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 13 (Safeguarding service users from abuse and improper treatment), at this inspection. The provider responded to the concerns on the day of the inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

# New Street

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

New Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

The people receiving support did not have verbal communication and we were told they could become distressed when introduced to new people. Respecting this, we spoke with three people's relatives to gain their feedback on the care provided. We spoke with five members of staff including the registered manager and nominated individual.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "If I witnessed abuse, I would ensure the person was safe and then report the incident to my manager."
- Another staff member told us, "If I was unhappy with how we dealt with a safeguarding issue, I would contact the local authority safeguarding team, police or CQC."
- We observed people were relaxed around staff. Relatives told us their loved ones were safe and comfortable with staff members. One relative told us, "[Name of service user] is safe, it's the best respite service we have had."
- Risk assessments were in place for people and updated regularly. Risk assessments contained information to guide staff on how to manage people's risks safely. Staff we spoke with knew people well.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff to how they should support people safely.
- Some people displayed distressed behaviours. In these instances, the provider had identified triggers to these behaviours, early warning signs to indicate the person may be distressed and strategies to be used by staff to reassure and support the person to prevent any escalation. We saw staff put these strategies into practice to ensure people's safety.
- Risk assessments were regularly reviewed, and staff referred to these to ensure they supported people to reduce the risk of avoidable harm.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.
- Risks in relation to the premises were identified, assessed and well-managed.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS).
- Staff told us they had received an induction when starting work, had the opportunity to shadow other staff and completed training.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. Relatives told us there was enough staff to meet people's needs. The provider ensured all care

staff were fully vaccinated.

#### Using medicines safely

- We reviewed a selection of medication administration records (MAR's) and saw that information for staff members to follow was clear.
- Medicines were safely stored, administered and destroyed when people declined to take them or they were no longer required.
- There were measures in place to monitor the use of 'as required' medications.
- Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required as and when medicines (PRN) staff knew when to administer them and how to record them.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider had a system in place to check the vaccination status of staff and visiting professionals in line with the COVID-19 government guidance.
- People using the service were supported to maintain contacts with their relatives. A system was in place to support people to have visits from relatives and any other important people in their lives.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the management team to reduce the likelihood of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider had not sent Deprivation of Liberty Safeguards (DoLS) authorisation requests for people who lacked capacity. People who use the service received regular respite care and could stay at the service for 14 days with a maximum stay period of 28 days.
- Staff had received training in the MCA and had some basic knowledge of the Act. However, further improvement was required to enable staff to fully understand how to work within the principles of the Act in relation to Deprivation of Liberty Safeguards (DoLS).
- Care records contained information in relation to people's capacity. When needed Best Interest meeting had taken place. We found some people who were identified as lacking capacity did not have a completed capacity assessment.

The provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

- Staff were able to tell us how they asked for people's consent to care.
- We observed staff seek consent from people before supporting them. One relative said, "They [staff] will tell [name of service user] what they are doing and ask if its ok."

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

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs. One relative told us, "We have been involved with care planning from the start and throughout".
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Relatives told us staff knew what they were doing and were well trained. A relative told us, "They [staff] are well trained and know what they are doing. [Name of service user] has changing needs and staff know how to respond".
- The provider had systems in place to induct, train and develop staff. A staff member told us, "The training is very good, I believe it gives me all the skills I need to do my job well".

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

- People's care records contained up to date nutrition information for staff to follow. One relative told us, "[Name of service user] will sometimes refuse to eat. The staff will leave and then come back and try again and this works. I'm pleased because [name of service user] is getting access to meals throughout the day".
- People with modified diets had assessments to specify the type of diet they should consume.
- Staff we spoke with knew people's food likes and dislikes and were aware of specific dietary needs and any risks associated with eating and drinking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to other healthcare services. Care records showed involvement from a range of health care professionals including GP, dentist and optician.
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.
- Relatives told us the provider had supported their family member well with ensuring specific health care needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked very closely with other agencies and health professionals in order to meet people's specific needs. We saw evidence of this during the inspection with plenty of visits from health professionals such as behavioural therapists.
- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples' relatives provided consistent positive feedback regarding the care provided by the service. One relative told us, "This is the best respite service [name of service user] has used. [Name of service user] use to find it difficult being away from home however they are happy to go."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love the job here, we get to develop positive relationships with the people we support."
- Staff had received training in Equality and Diversity. The acting manager gave examples of how they had worked to ensure people had equal access to opportunities and were not discriminated against. Staff knew people's history and their likes and dislikes and used this knowledge to support the person.

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

- Care plans were in place and had been developed with the support of people and their families. Meetings of people's care were held where people and their family attended and were involved in making decisions.
- Family members stated that they had been informed of any operational changes and asked for their views.
- Some people did not always verbalise their needs and wishes. Staff explained to us how people expressed their needs and understood their unique communication needs and were able to respond appropriately. One staff member told us, "[Name of service user] will grab your hand and move you to what they want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible. Support plans promoted privacy, dignity and independence. Each person had a daily routine describing the activity and how staff can support the person to undertake it as independently as possible.
- Staff told us they enjoyed working with the people they supported and understood their care and support needs. A staff member told us, "We get to know people really well, I enjoy spending time with them and see a positive change in them."
- Relatives told us their loved ones were treated with dignity and respect.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew and understood their needs. Relatives told us staff had built good relationships with people and knew their likes and dislikes.
- People had good links with family and staff supported people to maintain this.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- A relative told us, "[Name of relative] confidence has improved, they are more comfortable around people."
- Peoples' care plans were reviewed regularly, they remained up to date and appropriate to the individual. Changes to the care plans were communicated to staff. One relative told us, "We requested a meeting with staff members to tell them how to respond to some of [name of service user's] behaviour and what different things mean to them. The management team were very happy to facilitate the meeting and we were happy we could contribute to the development of the care and support [name of service user] receives".
- People were supported by the same staff wherever possible enabling them to build up a relationship. Matching tools were utilised to identify which members of staff would be most appropriate to work each person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the AIS standards and people's specific communication needs were detailed in their care records.
- Staff were able to explain how they communicated effectively with people. For example, one staff member told us some people required structure to feel comfortable. As a result, staff members would inform people what was planned for the day and explain in detail what that meant.
- Information was available in different formats, for example, easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in a person-centred way to live their lives and do the things they enjoyed doing in a way and at a pace that suited them.
- People were encouraged to undertake activities in the local community with support from staff. Plans were in place for staff to follow when facilitating visits ensuring people are safe and supported.

- Peoples' likes and interests were gathered and recorded allowing staff to facilitate appropriate activities. Relatives spoke highly of the good communication between the staff and themselves. They were positive about the opportunities their family members were supported to participate in.

#### Improving care quality in response to complaints or concerns

- The provider had policies in place to respond to concerns or complaints.
- Compliments were used to identify what worked well.
- Relatives told us they were happy with all aspects of the service. They told us they would be confident speaking with the acting manager if there was something, they were not happy about. However, they had not needed to do this.

#### End of life care

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's audits to monitor the quality of the service were not consistently effective in identifying issues. For example, audits of care records had not identified Deprivation of Liberty Safeguards (DoLS) authorisation were required for people who lacked capacity. In addition, mental capacity assessments had not been completed for some people who were identified as lacking capacity. We discussed these issues with the provider, and they confirmed DoLS application would be made for all people who required this, and mental capacity assessments would be completed for all people who required an assessment.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- The provider was aware their legal responsibilities to inform us about significant events which could occur at the service.
- Staff we spoke with were positive about working for the service. One staff member told us, "The registered manager and management team are approachable, you can go to them at any time. The atmosphere at the home is really good and positive."
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and all staff we spoke with told us they felt listened to and the provider was approachable. A staff member said, "We all support each other. Any concerns are always listened to."
- The staff and management team put people first and promoted their independence, enabling people to make choices about their lives.
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities around the duty of candour. They had a policy and procedure in place. The management team told us they understood their responsibility to be open and honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been given opportunity to feedback on the quality of the service via questionnaires. We reviewed the most recent responses and found they were mostly positive. The provider was currently in the process of analysing the responses to identify trends and patterns.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- The management team ensured they always kept up to date with changing guidance. They ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they had access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (Safeguarding service users from abuse and improper treatment), The systems and processes in place were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice.</p>