

# Freedom Care Limited

## 362 Park Road

### Inspection report

362 Park Road  
Loughborough  
Leicestershire  
LE11 2HN

Tel: 01163669655  
Website: [www.freedomcare.org](http://www.freedomcare.org)

Date of inspection visit:  
08 February 2017  
10 February 2017  
14 February 2017

Date of publication:  
28 April 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

The service was inspected on 8 and 10 February 2017. The first day of our inspection visit was unannounced, the second announced. We visited the provider's office on 14 February 2017 to review staff training and recruitment processes.

The service is registered to provide accommodation and personal care support to one person. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person using the service felt safe. They were supported by staff who understood their responsibility to keep them safe from harm. The provider had safely recruited a suitable number of staff to support the person.

Risks were assessed and action taken to minimise the risk of harm to the person or staff supporting them. Regular checks took place to ensure that the environment was kept safe.

Medicines were managed so that the person received them safely. People had access to health care professionals and were supported to maintain good health. The person was supported to maintain a balanced diet.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to fulfil their role was assessed.

The person made decisions about the care and the support they received. Their consent was sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards .

Staff respected the person's dignity and offered their support in respectful ways.. The person was supported to make choices about their care and encouraged to maintain their independence.

The support that the person received was centred on them as an individual. They were involved and contributed to decisions about the support that they received and this was regularly checked with them to ensure that it continued to meet their needs.

The person was supported to maintain relationships with people that were important to them. They were supported to follow their interests and access their local area.

The person's feedback was sought and acted upon. The person and their relatives were provided with

information about how they could make a complaint if they wished to.

The person using the service, their relatives and staff all had regular access to the registered manager. Lines of communication were open and staff told us that the registered manager was approachable. We saw that they had worked closely with other professionals to ensure the service was suited to the person.

The provider had checking systems in place to monitor the effectiveness of the service. Action was taken if their systems identified a concern.

## 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 person using the service felt safe. Risks were assessed and managed to reduce the likelihood of harm.

There were a sufficient number of staff to meet the person's needs. Staff had been recruited in line with safe recruitment practices. They understood how to keep people safe and report concerns if necessary.

Medicines were managed so that the person received them safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to meet the needs of the person who used the service.

The person using the service was supported to maintain their health and their eating and drinking needs were assessed and met.

The person's consent was sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

The person was supported by staff that they knew and who understood their needs.

The person's dignity was promoted and they were respected.

The person using the service was supported to maintain their independence and they were encouraged to make choices.

### Is the service responsive?

Good ●

The service was responsive.

The support that the person received was centred on them as an individual. They had input into planning and reviewing the support that they received.

The person using the service was supported to follow their interests and hobbies.

The person's feedback was sought. They were given information about how they could make a complaint if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led.

The person using the service and staff felt that the registered manager was approachable and action would be taken to address any concerns that they raised.

Staff were clear about their responsibilities and were guided and supported to provide support to the person in line with the provider's policies and procedures.

Systems were in place to monitor and improve the quality of the service being provided.

# 362 Park Road

## 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.

The service was inspected on 8 and 10 February 2017. The first day of our inspection visit was unannounced, the second announced. We visited the provider's office on 14 February 2017 to review staff training and recruitment processes. One inspector carried out the inspection.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information that we held about the service to inform and plan our inspection. We contacted Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback.

We spoke with the person who was using the service and with one of their relatives. We also spoke with the registered manager, the deputy manager, the training and development manager, the office manager and three support staff.

We looked at one person's care records. We also looked at other records in relation to the running of the service. These included staffing rotas and health and safety procedures. We looked at four staff files to check they were safely recruited and to look at the support and guidance they received.

# Is the service safe?

## Our findings

The person using the service told us that they felt safe. They said, "I feel very safe." When we asked them they told us that there were enough staff to keep them safe. They said, "Yes, every day." The person's relative told us that they felt that the person was safe because, "(Staff) are there for him every day." A staff member told us, "He is safe, happy and has someone with him all the time." The registered manager managed the staffing rota to ensure that the person received support from staff in a way that suited their needs. We found that there were enough staff available to support the person when they required it.

Staff were aware of how to report and escalate any safeguarding concerns that they might have within the organisation and, if necessary, with external bodies. One staff member said, "I have done safeguarding training. My responsibility is to report." They told us that they felt able to report any concerns. The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at four recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

The person using the service could be assured that they received their medicines as prescribed by their doctor. Medicines were stored securely. We saw that medication administration record charts were used to inform staff of 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. Staff had received appropriate training before they were able to administer medicines to people. Their practice was monitored to ensure that it continued to be safe.

People were supported to remain safe when their behaviour posed a risk to themselves or others. Staff explained that they understood what might cause people to display challenging behaviour and what positive actions they could take to reduce a person's anxiety. There was a challenging behaviour policy which aimed to ensure that any restrictive intervention used by staff was legal and ethically justified. Care plans and risk assessments were in place to guide staff on how to support the person. Staff confirmed that they understood how to follow these and that they were effective. Staff received the appropriate training to keep themselves and people being supported safe. One staff member told us, "We have just had a refresher."

The person was supported to remain safe when risks were identified. The person using the service told us, "Yes staff explain fully any risks." We found that risk assessments had been completed on areas such as accessing the community and supporting the person with their medicines. Completion of these assessments

enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. The person was not prevented from taking risks as part of their daily life. They were supported to take risks that enhanced their quality of life. Risk assessments had been reviewed and staff understood their role in following them. Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having occurred within the required timescales. The provider conducted regular health and safety audits to check that the environment was safe.



## Is the service effective?

### Our findings

The person using the service was supported by staff who had the knowledge and skills to meet their needs. They told us that staff were, "Not bad." One staff member told us, "Training is constant. (The trainer) is always available at the end of the phone. There are always options and you can better yourself. Training is full on. I am going to be an infection control lead so am doing training in this. I want to do level three [care qualification] and progress." Another staff member told us, "We have had training in managing challenging behaviour." We saw that staff received guidance and support prior to the person moving in. This was so that staff could be confident that they could meet the person's individual needs.

We reviewed training records and saw that staff had received training when they first started working for the provider. They also received ongoing training in order to ensure that their knowledge was kept up to date. New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. We spoke with the training manager who told us that the provider had reviewed the training that staff received and developed it so that it better prepared staff for their role. They had planned a rolling schedule of training for all staff. Staffs understanding and competence was assessed following them receiving training to make sure they understood their responsibilities.

Staff were supported in their role. One staff member told us, "They [registered manager] are good at helping you when you are stuck with things." We reviewed staff supervision records and saw that staff had received support through supervisions with their line managers. As part of the supervision process staff's knowledge and understanding of their role was checked.

The person using the service was supported to have enough to eat and drink. They said, "I choose what I like to eat and drink." They were involved in the preparation of their meals. They told us, "Staff help me cook." They told us, "I'm having pie and mash [for their evening meal]." Menu planning was flexible as the person did not like to feel restricted in their choices. The provider checked to see if the person was maintaining a balanced diet. They also checked to ensure that the person had full involvement in choosing their menu.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff were able to demonstrate that they had an understanding of the MCA. We saw that there was reference to the person's ability to make decisions in their care plans. Their consent had been sought with regard to

receiving support from staff. We saw that consent had been given by the person about their photograph being taken and how it would be used.

The person was supported to maintain their health and had access to health care professionals where they needed. They told us, "I've been to the doctors this week." The registered manager was supporting the person to achieve their goal with regard to their health. This involved monitoring their wellbeing and meeting with health care professionals.

## Is the service caring?

### Our findings

The person using the service told us that they were treated with dignity and respect. They said, "I have my own privacy and my dignity respected." They went on to say, "Staff respect my interests and disabilities." The person's relative told us that they felt the service was caring. They told us, "The service is fantastic." They told us that they found staff to be positive and kind. They went on to say, "(Staff name) is great, (another staff name) is really good too."

The person was supported by staff who they were familiar with. Staff were able to demonstrate that they knew the person and what was important to them well. One staff member told us that they thought the person had, "Built a relationship with staff." As part of the person's transition to the service they had the opportunity to meet with staff and get to know them before moving in. This helped them to feel more at ease when they began to receive support.

Staff respected the person's home as their own. We were shown around the home by the person and they spoke with pride. They told us, "I've got a nice bedroom." We saw that their bedroom had been decorated to the person's taste. We saw that when the person was planning to move into the home they were supported to bring personal items and furniture with them. This was important to them. They told us that since they had been at the service they had been involved in the choosing and purchasing of other household furniture and decoration. A staff member told us, "It's quite homely and relaxed."

Choices were listened to and respected. The person using the service told us, "(Staff) support me with choices." We saw that the person was supported to make choices for themselves. The person and their staff had agreed that the person may require staff to offer advice and options for choices that they could make around meals or activities. It was agreed that the person would make the choice. This was important as it helped the person to make informed choices and be clear about the options available to them.

The person using the service was supported to remain independent and develop their skills. They told us that staff supported them to access local shops to buy groceries. They said, "I help." The person's relative confirmed that they were supported to maintain their independence. They said, "He helps cook a meal." Staff confirmed that they understood that their role involved supporting the person to remain as independent as possible and to develop their confidence in completing tasks associated with daily living.

The person was supported to recognise and celebrate their achievements. The person met regularly with their key worker to review what they had done since the last meeting. They discussed what had worked well and what had been enjoyed. We saw that staff had involved the person in documenting and taking photographs of activities that they had taken part in.

The support that the person required with understanding information and expressing their feelings had been recorded so that staff were clear on how to support the person. Staff recognised that the person required time to consider information and reassurance in order to communicate effectively. One staff member told us that when the person was upset they gave them space to relax. They then encouraged the

person to talk about what was worrying them. They said, "He sits and talks to you about it, something that is on his mind."

The person was supported to maintain links with people who were important to them. A person's relative told us that staff had supported the person to travel to visit them. They also told us that they, along with other relatives, had visited the home and were made to feel welcome. They said, "We visited last week." They went on to tell us that in order to support the person to remain relaxed and reassured, they were in contact with them regularly. They told us that the service had supported this communication and recognised it was important.

## Is the service responsive?

### Our findings

The needs of the person using the service was at the centre of care that they received. It was responsive to their needs and wishes. The person told us that they had been supported to achieve their goal of attending a theatre show in London. They told us, "It was like a dream." The person's relative told us that the support the person received enabled them to achieve their goals. They told us, "I think he is getting on really well." They went on to say, "It's been positive for him." A staff member that we spoke with told us, "It's all about him, what we can do to help him. I think he has developed a lot."

The registered manager had assessed the person's needs prior to offering them a service. This was so that the registered manager could be sure that the service could meet the person's needs. They told us that they had worked closely with other professionals who were well known to the person in order to gain information and advice about how best to support the person.

A transition plan was developed to plan how best to support the person and what staff would be working with them to help adjust and settle in at the service. The transition took place at a pace that was suited to the person. Their relative told us that that the transition had been successful. They said, "It ran a lot more smoothly than I thought it would." As part of the transition process, consideration was given to what was important to the person and how best they might move and settle. For example, which items of furniture they wished to bring with them.

As part of the transition period the registered manager arranged for professionals who had worked with the person in the past to meet with the staff team to share their experience and understanding of the person. This was with the aim of supporting the staff team to be best prepared to support the person and meet all of their needs. Staff were rotated to work with the person in a way that ensured consistency but prevented the person becoming overly reliant on the same staff. The registered manager told us that this was important to the person's development and wellbeing.

The person had been actively involved in developing their care plans and information about what was important to them. We saw that they had chosen images that they wished to be included in the information. We read that the person does not enjoy formal meetings about their care. Therefore the service has adapted how the person was involved to better suit their preferences.

Care plans were updated to reflect the person's changing needs. We saw that the person had contributed to reviewing their support requirements. They told us, "I have care and staff ask me what I would like to do or talk about." The person met regularly with their allocated key worker to discuss their support and any changes that they may have wanted. They had agreed the format of these meetings to ensure that the person felt comfortable and able to engage in them.

The person using the service was supported to access the community and follow their interests. They told us, that they enjoyed, "Going to the pub for a pint and a meal." While we were visiting the service as part of our inspection the person showed us their models which they told us that they enjoyed making as a hobby.

They said, "Staff encourage and I buy my own models and like to do puzzles." The person's relative told us, "They take him out which I am really happy about." They went on to say, "They keep him occupied." In order to support the person to access the local area and engage in enjoyable and meaningful activities, staff supported them to plan their activities. One staff member told us, "[Person] plans what he wants to do." They told us that the person preferred the plan to be used as guide and that this gave them flexibility around how they spent their time.

We saw that the provider's complaints procedure was available to the person who used the service and visitors. This was provided in a format that was easier to understand for the person. The provider had a complaints policy that made clear what actions needed to be taken if a complaint were to be received.

## Is the service well-led?

### Our findings

The person using the service was clear on who managed the service and had access to them. During our inspection visit we saw that the registered manager was contacted by the person using the service. The registered manager was able to offer telephone support and offered advice to the person as well as informing them of when they would next visit them. This reassured the person.

The person's relative told us that there was good communication between them and the registered manager and staff team. They said, "I'm in close communication with them." They told us that they had shared their worries about the person's condition with the registered manager. They told us that the registered manager had listened and offered reassurances that the person's condition would be closely monitored.

The person's relative told us that they thought the service was well led. They said, "He is doing ever so well. It's 100 times better." Staff agreed that they thought that the service was well led. One staff member said, "[Registered manager] will do a handover with us to tell us of changes. The company runs well." Another staff member told us, "I think it's a good company to work for."

Staff felt supported. They told us that the provider and the registered manager were approachable. One staff member told us, "It is a small company. [The provider] is always on the phone." Following instances of challenging behaviour staff were offered de-briefs. They told us that these were effective and they felt supported as a result. Staff had access to policies and procedures and understood how to follow them. The provider had ensured all new staff received the employee hand book. This was to make sure that staff were clear on their role and the expectation of them. It included the provider's vision, mission and values. Staff were kept informed of developments within the service that they worked as well as other services owned by the provider. We saw from minutes that senior managers attended staff meetings to thank staff for their work and to update them on any changes that were planned within the organisation.

Staff told us that they felt that they could raise concerns and that these would be addressed. One staff member said, "I would bring it up with [deputy manager] or [registered manager]. They would do something about it. However, staff told us that they found the shift pattern to be difficult. One staff member said, "It can be very draining. I work 14 hour shifts." They told us that due to the shift patterns and lone working, they felt vulnerable. They told us that this had been raised with the registered manager but that it had not been addressed. The registered manager told us that staff did not work consecutive shifts with the person in order to ensure that they had a break and had the opportunity to work with other people in teams. They confirmed that staff had access to senior support at all times and that the registered manager or deputy manager was often at the service for staff to speak with and to seek support.

The provider had sought feedback from staff. They conducted an annual survey to establish how staff felt about the support and training provided, the openness of the provider and their manager and if they felt valued. We saw from the results of this survey that the majority of staff responded positively to all of the areas surveyed. The provider told us that they had not yet analysed the data in full but intended to feedback

to staff with any actions that were to be taken as a result.

The provider conducted quality checks to ensure that systems and processes in place were effective. We saw that the provider's quality checking had identified that not all staff had read the person's risk assessments. We saw that they then took action to ensure that staff were aware of the risks associated with the person's care and that they understood how to reduce the risk of harm. The provider's checking had also identified when safe medicine storage had not been followed. We saw that action was taken to change how medicines were stored to ensure that they were safe. The provider had identified through their own checks that some care plans did not accurately reflect the person's development. As a result care plans were updated. This demonstrated that systems and process were monitored to ensure that they were effective and improvements made as a result of findings.

The provider had conducted a consultation with people's relatives with regard to how it communicated important information to them. This consultation took place following a survey that was sent to people's relatives. Feedback from the survey identified that some relatives would like to have received a greater level of communication. As a result of feedback from the annual relative's survey the provider had developed a welcome pack to share with relatives of people who used the service. This contained information about the service's and the provider's aims and objectives. Within this document relatives were given contact details for the provider and information about their complaints procedure as well as other policies and procedures.

The registered manager had worked in partnership with other professionals when planning and supporting the person with their transition into the service. Professional's experience and advice was sought and welcomed. Their advice had influenced how the person's service was set up and ran in order to ensure the person received the best possible outcomes. This demonstrates the registered manager's drive from improvement and their responsiveness to input from outside professionals.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people.