

Care For Freedom Limited

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Inspection report

Second Floor, Front Office,
12A Chequer Street
St Albans
Hertfordshire
AL1 3XZ

Tel: 01727834557

Website: www.care4freedom.org

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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?	Outstanding ☆

Summary of findings

Overall summary

This was the first inspection since the service registered on 6 February 2017. The service was previously registered at a different location.

Care for Freedom Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to adults who live with mental health conditions.

"Not everyone using Care for Freedom receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided."

The service has 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.

Care for Freedom are an "all-inclusive" organisation, offering their support so that all in the community can access their specialist skills and recovery-based service.

People felt safe. Staff were knowledgeable about how to identify potential risks and understood their responsibilities in respect of safeguarding people. They had received safeguarding training.

Safe and robust recruitment processes were in place and had been followed to ensure that staff were suitable for the role they were employed for. There were sufficient numbers of staff assigned to meet people's needs in a timely way.

Staff were well supported in their roles. We saw that there was a comprehensive induction in place as well as on-going and refresher training in a range of topics relevant to their area of work. Staff were positive about the training they received. Staff received individual supervisions and attended regular team meetings.

The provider promoted training for all staff, ensuring that the management team were also trained to the highest standards. The provider used quality accredited schemes, ensuring that staff and managers were trained to deliver person centred care which underpinned good practice and ensured both staff and people who they support have up to date and relevant information.

People were involved in planning how they wanted to be supported and how their care and support was provided. People had a detailed care plan which took account of their individual needs, preferences and choices.

Risks to people's health, safety and wellbeing had been assessed and measures were in place to mitigate and reduce these where possible. All care plans and risk assessments had been regularly reviewed to ensure that they captured any changes to people's needs and were current.

Consent was gained from people before any support was provided. People were supported to make decisions about their care and support. Staff and managers were aware of the need for decisions being made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to access health and social care professionals to help maintain their health and wellbeing, and the service worked in partnership with external partners to provide holistic care. Care plans detailed people's support needs in relation to their health and the support required from the service. People received their medicines in accordance with the prescriber's instructions.

People had developed positive relationships with the staff who supported them and also with office staff and managers. People's dignity and privacy was respected. Staff knew people's needs and preferences and supported them to retain as much independence as possible. People were supported to access and participate in activities in their communities.

People and staff found the registered manager and provider to be extremely supportive and approachable and spoke positively about how the service was managed. People felt listened to and their opinions were taken into account. There was a robust complaints policy and procedure in place and concerns were properly investigated and learning shared to help drive improvements. Quality monitoring systems and processes were in place along with audits to help monitor the quality and safety 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 kept safe by staff who were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety were assessed and measures put in place to mitigate risks where possible.

There were enough staff available to meet people's needs and help keep them safe.

Recruitment processes were robust and pre-employment checks were completed to help make sure that staff were of good character and suitable for the roles they were employed to do.

People were supported to take their medicines regularly and safely, in accordance with the prescriber's instructions.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were properly trained and supported in their roles.

Staff received regular support through individual and group supervision.

Staff supported people where required to eat and drink sufficient amounts to maintain their health and wellbeing.

Consent was obtained from people. The service worked in line with the principles of the Mental Capacity Act 2005.

People were supported to access a range of healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring.

People were supported and encouraged to make choices about how they lived their lives and how they wished to be supported.

The service was person centred. This was evident in conversations with people, staff and management.

People were supported by a small consistent staff team. This enabled them to develop positive and meaningful relationships.

People's confidentiality was promoted and maintained through effective storage of peoples care records.

Is the service responsive?

Good ●

The service was responsive.

Staff provided flexible and individualised care and support to people.

People's individual care needs and preferences were taken into account when their support was being developed and reviewed.

People's feedback and concerns were acted upon to drive improvement.

There was a robust complaints and compliments system in place.

People were supported to access and participate in activities and events within their local community.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led and managed.

The management team were 'hands on' and led by example promoting an open and inclusive culture.

People staff, relatives and professionals all gave positive feedback about how the service was managed and the care and support people received.

The registered manager demonstrated an in-depth knowledge of the people who used the service, and valued their staff.

The registered manager kept themselves up to date with changes in legislation to ensure continued good practice.

There were a range of quality monitoring checks and audits completed to help ensure that the service provided was of a consistent good quality.

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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 checked 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 activity commenced on the 26 January and was announced. We obtained feedback from people on the 26 January and inspected the office location on the 30 January. We received further information from the provider on the 2 February 2018.

We gave the service 48 hours' notice of the inspection visit because it is a small service and the registered manager may have been working away from the office supporting staff or providing care. We wanted to make sure they would be available to facilitate our inspection. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. A Provider Information Return (PIR) was submitted on 8 December 2017. This is a document which contains information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We reviewed care records and documents which related to people's health and well-being. These included care and support plans relating to three people, recruitment files for two staff members, complaints, staff training records and the overall quality assurance and auditing systems that were in place to monitor the service.

We also received feedback by email from relatives about how people were supported by the service. We received positive feedback from two health professionals. We spoke with three staff members, the registered manager and the provider to confirm the training and support they received.

Is the service safe?

Our findings

The service was safe. People told us they felt safe being supported by staff from Care for Freedom. One person told us, "I like all the staff especially [Name] who I know well and feel very safe". Another person told us, "When I go out and [Name] comes with me they make sure I am safe. They even remind me about keeping myself safe when I am out."

People were kept safe by staff who were knowledgeable about the potential risks and signs of abuse. The service had a safeguarding champion and an advanced champion in place. This is a staff member who has received specific training which is shared with staff. They can also be a point of contact to support staff in safeguarding matters. The provider worked alongside staff to ensure best practice using technology. For example, staff could access information relating to Safeguarding, MCA and NICE Guidelines via applications on their work mobile phones. This helped staff to keep clients safe from harm, as well as being able to readily access procedures for reporting concerns.

Potential risks to people's health, well-being and safety were assessed and measures put in place to mitigate risks where possible. Where people had long term severe mental health issues, this was well documented on people's individual risk assessments. The risk assessment included information on how to manage and mitigate risks. For example, behavioural indicators of deterioration such as rapid speech and high anxiety and contingency plans to inform staff how to manage these episodes to help keep people safe. Staff told us they were aware of how to raise and elevate concerns to relevant professionals if they needed to.

There were enough staff available to meet people's needs and help keep them safe. We saw that staff were allocated to spend varying amounts of time with people based on their individual needs. People told us the staff arrived at the expected time and if they were running late either the staff member or the office would let people know. People told us the staff always completed all tasks and asked people if there was anything else required before leaving. Staff were given adequate travel time with spaces in between visits which again ensured they were not under pressure if they get caught in traffic or had to support a person in crisis at a previous visit.

Recruitment processes were robust and pre-employment checks were completed to help make sure that staff were of good character and suitable for the roles they performed. We saw that staff had completed application forms which detailed their previous work history and gaps were explored. All staff had DBS checks completed along with references from previous employers and character references and proof of ID. These processes helped ensure that staff employed were suited to work in this type of service.

The Provider used a value-based approach for recruitment and retention. Care For Freedom had an excellent track record for staff retention and a supportive frame work for staff's mental health and wellbeing. This approach was underpinned by good quality staff training provided through skills for care and a local home care providers training which staff accessed regularly.

People who used the service were involved in the recruitment process and had contributed to the interview process by formulating questions to ask potential new staff. Care 4 Freedom have a "user by experience" volunteer, who is part of the interview panel.

People were supported to take their medicines regularly and safely, in accordance with the prescriber's instructions. Medication support plans were co-produced with people who used the service which helped ensure their medicines were taken correctly. People were supported to understand why they were taking specific medicines for their individual conditions. Staff liaised with professionals for example Care Coordinators, GP, Pharmacists and Community Matrons where required and to ensure compliance with medicines. Where possible, people were encouraged to manage and administer their own medicines.

There were appropriate arrangements in place to manage and monitor infection control practices. Staff were supplied with personal protective equipment to help minimise the risk of cross infection. Equipment provided included gloves, shoe protectors, masks, hand sanitiser and aprons were available in people's homes for staff to use when required. Staff received training about infection control and the registered manager assessed staff competencies in this area of their work.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by staff from care For Freedom was appropriate to meet their needs. One person told us, "They understand my needs and provide exactly what I need. They [Staff] understand me very well so are very good at adjusting my support." Another person told us, "I feel they look after me exactly how I want them to."

People were cared for by staff who were properly trained and supported in their roles. Staff told us that when they first started working at the service they completed an induction. They shadowed experienced staff until they were confident to work alone. Staff received training to help them support people effectively. Staff told us they had completed training in topics relevant to their role. These included safeguarding, administration of medicines, food hygiene and fire safety. One staff member told us, "They provide me with relevant training and support as required." Another member of staff told us, "We get plenty of training, specialist as well as core topics, which helps us to do a good job."

Staff received regular support through individual and group supervision. One staff member told us, "The management are supportive and work with us. They help out regularly." The management team confirmed this. The management team told us there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were confident to approach the management team for additional support at any time.

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 when possible. 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.

We checked whether the service was working within the principles of the MCA. The provider and registered manager had a good knowledge of the process to protect people's best interests. For example, they told us that some relatives supported people in making decisions about their care and support. The registered manager told us they would contact health care professionals if they needed to clarify anything.

People told us that staff obtained their consent and staff explained how they were going to support them with a task. People had been involved in making decisions about how staff would support them. One person told us, "They [Staff] always ask my permission before doing anything. They respect my decision as well."

Staff supported people where required to eat and drink sufficient amounts to maintain their health and wellbeing. If staff had any concerns about weight loss or gain they would refer to a relevant health care professional.

People were supported to access a range of healthcare professionals when required. The registered manager and provider told us they worked in partnership with colleagues from the community mental health team. This helped staff because they were aware of people's health conditions and the impact this

could have on their day-to-day lives.

Is the service caring?

Our findings

The service was caring. People and their relatives told us the staff were kind and caring. One person said, "I can't fault them, they are all very good kind and caring definitely". Another person told us, "I am very happy with the small group of staff who support me. I have a chat with them and they are respectful. I have a favourite but can't complain about any one of them." A support worker told us, "We build relationships with people. They gain our trust and that is important. Sometimes we have to deal with complex issues and work with people in a way that suits them. That is really important for them and us."

People were encouraged to make choices about how they lived their lives and how they liked staff to support them. One person told us, "They [Staff] know what I need help with. They encourage me to 'engage' in things for my own good so I do not become isolated. If I do not want to do something, they are respectful. We often talk it through and sometimes I change my mind. They take the time to explain things and give me information. It helps with my decision making."

The service was person centred. This was evident in conversations with people, staff and management. We saw that bespoke care plans had been co-produced with each person to ensure all their wishes were taken into account. People's lifestyle and preferences were included to help staff provide a personalised service. For example, cultural needs, ethnicity, religion and beliefs, all of which helped ensure that people were treated as individuals and the service was not task orientated. For example, a person with a specific need was given additional time to enable them to process information. Staff recognised this as an individual need that achieved positive outcomes for the person.

People received support from by a small consistent staff team. This enabled them to develop positive and meaningful relationships. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals. People told us they viewed staff as extended family and as friends. The provider told us, "We not only support the individual but also family members who are often under immense pressure." They told us that family were welcomed to their office for a cup of tea and a chat. One person confirmed that they had felt immensely thankful to the staff and managers for supporting them through a difficult period. This positive feedback demonstrated a kind caring and compassionate ethic to the people and families they supported.

Staff respected people's dignity and privacy. They made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. A staff member told us, "This service is different from many community services because of the people we support so for us it is often about encouraging people to engage in tasks of daily living, but in a dignified and respectful way".

Confidentiality was maintained through effective storage of peoples care records. Staff and managers told us that people's records were kept confidential. One staff member told us, "We do not discuss matters with family members unless we have the person's consent to do so. Information is often sensitive and we are all aware of the need to share information only with people who are authorised to access people care or health records."

Is the service responsive?

Our findings

The service was responsive. Staff provided flexible and individualised care and support to people. We noted that Care for Freedom treated people they supported as equal partners in planning, developing and monitoring their care to make sure the service was responsive, personalised, enabling and flexible. The provider told us, "We focus on prevention, wellbeing, recognising people's values, preferences and chosen ideals. We utilise the hours commissioned effectively and flexibly because this achieves the best outcomes for the people we support."

People's individual care needs and preferences were taken into account when their support was being developed and reviewed. For example, the provider told us about a person they were supporting had to move to a family members home to look after a pet due to them becoming unwell. The service and support was provided at the relative's home during this period. This meant the person's well-being was improved as they still received their support and were in familiar surroundings looking after a family pet.

Staff supported people to attend appointments to provide emotional and physical support. For example, one person was supported with travel arrangements on public transport to enable the person to attend a health care appointment. As a result of the appointment, the person's nutritional needs changed significantly, which led to improved outcomes for the person demonstrating the effect a flexible approach can have a positive impact on people's overall wellbeing.

People's feedback and concerns were acted upon to drive improvement. People told us they felt the provider and registered manager took their feedback on board and if they needed to change a visit, time or a date, they only had to 'ask'. One person told us, "[Name] of registered manager comes to help me sometimes so if I want to discuss anything I have many opportunities otherwise I just call the office but I feel that if I mention something to staff they do pass the information to the managers and things do get addressed."

There was a robust complaints and compliments system in place. The provider had policies and procedures in place. Concerns and complaints raised by people who used the service or their relatives were thoroughly investigated. People who used the service and their relatives told us that they would be confident to raise any concerns with the provider or registered manager. We saw that the service had received many compliments and positive feedback. The registered manager told us they saw feedback as a positive way to improve the service. Feedback was analysed and learning shared across the organisation. For example, we saw that following an incident last year the management reviewed the procedure and amended the way a 'no reply' was managed and processed. This demonstrated that learning was welcomed as a means to improving the way they operated the service.

People were supported to access and participate in activities and events within their local community. One person told us, "[Name] takes me to the town and we have coffee or sometimes lunch. I like going out with staff because I feel supported." We saw from peoples support records that people were encouraged to pursue hobbies that were of interest to them. For example, one person was being supported with a business

development idea and another person was attending day care. One person told us, "I would like to do something educational and [Name] is looking into this with me. A staff member told us, "Some of the support we provide is to help people to integrate and participate in everyday situations. Sometimes they find this difficult and we work with them to build their confidence."

Is the service well-led?

Our findings

The service was exceptionally well led and managed. The management team were 'hands on' and led by example, promoting an open and inclusive culture. The provider won a Hertfordshire Care Award under the category – The Care Leadership Award 2017. This was in recognition for the way the provider created innovative and creative ways of supporting people and their families. People and staff had nominated the provider for this award demonstrating their positive view of the provider's approach.

People told us that they accompanied the provider to the award ceremony which made them all feel important and valued. They told us the provider dedicated the award to "their people and staff". One family member told us, "The service is brilliant. Everything they do is for the people they support. It is a positive, transparent 'can do' service. They engage with people, they build their trust, they go the extra mile." An example of the positive impact that the service had was the work the provider had done to support people who were 'hoarders' and who lived chaotic lives. Through setting small goals, they were able to gain people's trust and eventually managed to work in partnership with people to clear their homes thus improving their quality of life, their mental health and all round well-being. We saw how this service had transformed the lives of the many people it had supported.

People, relatives, staff and professionals all gave positive feedback about how the service was managed and the care and support people received. Another person told us, "They are the best there is, I have had other agencies but Care for Freedom, well they are worlds apart. They move heaven and earth for their people. They find a way; nothing is too much trouble for them. For example, they send me a rota every week so that I know who is coming to me, it may seem like nothing but to me it is a big deal." One staff member told us, "The provider builds up the staff's confidence to empower others, utilising training and live experiences to encourage innovative thinking. We promote team work and co-production in all areas by involving the people we support in all aspects of the service."

Staff told us they felt valued and motivated. They told us the provider and registered manager regularly praised them and recognised their positive contribution to the service. They enabled staff and supported them to grow, to make mistakes to learn and to improve. There was a no blame culture, which staff said made them feel confident about sharing information especially when things went wrong. For example if there was a medication error or staff had not followed the correct procedure. Staff were supported in these areas.

The Provider had implemented a 'coaching' style supervision. The coaching style supervision was similar to a mentoring support role with the hierarchy removed and partnership working embraced. This approach supported a collaborative approach and joint working between staff, and people who used the service. This had a positive impact on people's care and outcomes. The Provider championed reflective practice where people were encouraged to spend time thinking about a situation and reflecting on what happened. This approach was utilised by staff, when assisting people to overcome difficult situations or decision making.

This approach was evident in language used in documentation such as daily logs, care plans, reviews and a person's risk assessments. For example a person who was being supported by the service found

communication difficult, focusing on certain words which could make them feel angry and frustrated. Staff had used a coaching style to de-escalate potential situations which could have resulted in the person becoming increasingly distressed and lead to hospital admissions. In the past when the person's mental health deteriorated, they were unable to be sustained within their home environment and required hospital admission.

The provider and registered manager encouraged and supported staff to have a positive approach when supporting people who used the service. This helped them to keep focused, and keep moving forward to achieve their goals. For example for one person who was on a community treatment order. Their goal was 'To become independent when taking medication' and they were well on target to achieve their objective. Staff have worked with the person to help them achieve their goal by helping them to understand how their illness affected them and how to manage symptoms". There had been a marked improvement in the persons mental Health and quality of life generally.

The provider had recently negotiated contingency plans for people they supported in the event of deterioration in their mental health. The provider was able to support people through the use of flexibility of hours made available to prevent a Hospital admission. This meant that people could be supported in their own environment as opposed to being admitted to Hospital.

The provider had created their own 'behaviour' framework to ensure best outcomes for the people they supported. The provider worked alongside staff to develop their own skills and interests by giving them the flexibility to choose individual training options, to enhance motivation in the workplace and achieve a better understanding of their own mental health and wellbeing. One staff member told us, "This really helped me to understand some of the complex conditions people have and how best to support and manage episodes in particular when a person's mental health was in decline and they needed additional intervention. This therefore enabled us to support people fully and achieve excellent outcome even through a time of crisis."

The provider, registered manager and all staff were encouraged to think "outside the box", treating each person as an individual. For example, barriers were removed to make anything possible like supporting people to engage in further education including online training and personal development. Staff were supported to work with people they supported to challenge them about their confidence and self-worth using different techniques, based on Cognitive behaviour therapy (CBT) and Neuro-Linguistic Programming (NLP) and solution focused therapy. These are methods of therapy used to encourage people to self-problem solve and recognise triggers to a decline in their mental health. Both the provider and Registered Manager were trained in these techniques, which are shared with staff through supervision and team meetings.

These practices were then implemented into people's individual care plans to enhance their experience and wellbeing. Staff were encouraged to share ideas, role-play, reflective practice and discussions with people to help people to solve their own problems and manage any issues they have more effectively. This reduced the reliance on staff, medication and medical intervention creating confidence and an improved self-worth.

Wipe boards and text messages were used with people to assist with memory and reducing anxieties. Staff had assisted people to use social media to maintain contact with family members abroad. This greatly improved people's mental health through improved family contact and involvement. In the case of one person who had limited contact with family. However, with support they were able to regularly contact them via SKYPE and could speak to them as well as seeing them.

Care for Freedom strived for excellence, through regular feedback from all stakeholders with people at the

heart of the service. Using a collective voice to promote people and staff Health and wellbeing. The provider strived to be a link between health and social care organisations enabling joint working, for improved client outcomes.

The registered manager demonstrated an in-depth knowledge of the people who used the service and valued their staff. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff told us that the provider and registered manager were approachable and that they could talk to them at any time. One staff member told us, "The management are always open to suggestions and always seek our opinions. They really do value feedback from staff and work well as a team".

The provider and registered manager kept themselves up to date with changes in legislation to ensure their continued good practice. For example, through attendance at training and seminars provided by a local providers association. The provider told us they got updates online through organisations such as NICE (National institution for Clinical Excellence) and all learning was disseminated through the organisation to help ensure that all staff kept up to date with changes in legislation, or sharing good practice. The provider and registered manager used case studies to sustain outstanding practice.

The provider had issued all staff with smart phones to enable staff to access the internet on the client's and their own behalf, when needed. For example to obtain information about a condition or situation or plan travel or make arrangements.

All staff had access to policy and procedures on line, so they could check out any information required including mental capacity guidance, and Safeguarding as required. This helped staff to maintain safe, best practice. Staff told us this was useful as it improved their confidence and helped them keep abreast of changes to the work sector.

The provider and registered manager regularly challenged and reflected on what they do and what they could do better. There were a range of quality monitoring checks and audits completed to help ensure that the service provided was of a consistent good quality. These included audits of documentation, quality assurance calls and visits to people whilst staff were in care calls and checks on care records to confirm they were accurately completed. People were regularly asked if they were happy with the service they received to check their continued satisfaction.

The provider and registered manager reported accidents incidents and other reportable events, such as alleged abuse or serious injuries to the Care Quality Commission (CQC). This showed us that the management team were committed to operating an open and transparent service and had an appetite to make continual improvements through self-assessment and learning from experiences.