

Freedom and Lifestyle Limited

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## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 6 December 2016. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration at this office on the 2 March 2016. The service provides support to people within their own homes. There were 18 people in receipt of personal care support at the time of this inspection visit.

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

Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. When people were unable to consent, decisions were made in their best interests with the involvement of their family and friends. However capacity assessments were not decision specific to ensure all areas of care were assessed.

People received their calls as agreed because there was enough staff available to them. The staff were knowledgeable about the support people needed to enable it to be provided in a safe way. Systems and processes were in place to protect people from the risk of harm. Staff understood what constituted abuse or poor practice and people were protected against the risk of abuse, as checks were made to confirm staff were of good character. People were supported to take their medicine when needed and medicines were managed safely. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

Staff were provided with training to develop their skills and enable them to support the people they worked with. Staff felt supported by the management team and received supervision to monitor their conduct and support their professional development.

The delivery of care was tailored to meet people's individual needs and preferences. People's needs were assessed and care plans were developed with people and their representatives, which directed staff on how to support them in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to access healthcare services.

People knew how to complain and we saw when complaints were made these were responded to in line with the provider's policy. Staff felt listened to and were happy to raise concerns. People felt the service was well managed. The provider sought the opinions from people who used the service to bring about changes.

Quality monitoring checks were completed by the provider and manager and when needed action was taken to make improvements. The registered manager and provider understood their responsibilities

around registration with us.

## 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

Staff understood how to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines. There were sufficient staff to support people and checks on the staff employed were carried out.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective

Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently, but capacity assessments were not decision specific. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

### Is the service caring?

Good ●

The service was caring

Staff supported people in a caring and respectful way and encouraged them to maintain their independence. People were involved in the way their care was provided and their dignity was respected.

### Is the service responsive?

Good ●

The service was responsive

The support people received was tailored to meet their needs and preferences. The provider's complaints policy and procedure

was accessible to people and they were supported to raise any concerns.

**Is the service well-led?**

**Good** ●

The service was well led

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided.

# Freedom and Lifestyle Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 6 December 2016 and was announced. The provider was given two days' notice because the location provides a supported living service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak on the telephone to people as part of this inspection. The inspection visit was carried out by one inspector.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we asked the provider during our inspection if there was information they wished to provide to us in relation to this.

We checked the information we held about the service. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information.

We spoke with five people who used the service, two people's relatives, two care staff and two field care supervisors. We also spoke with the care supervisor and registered provider. We did this to gain people's views about the care and to check that standards of care were being met. The registered manager was not at the office on the day of our visit.

We looked at the care records for three people. We checked that the care they received matched the

information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People felt safe with the staff that supported them. One person said, "I feel very safe with all my carers, they are polite and friendly to me. They lock up when they go as well to make sure I am safe at home." Another person said, "I am very happy with the carers that come to me, I always feel very safe with them, they are all nice to me." A relative told us, "The staff know [Name] very well and [Name] is comfortable with all of them and likes them."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report anything to the office or the on call straight away. We have had training about safeguarding and the procedure to follow." Staff we spoke to were aware that they could report concerns directly to the local authority if they needed to but confirmed they had not had to do this. One member of staff told us, "The local authority investigates any incidents of abuse. I would report any concerns to the manager or on call and they would make a referral." Staff were aware of the whistleblowing procedure. One member of staff said, "I have never had to whistleblow but I would, if saw anything and I am sure the manager would take any concerns seriously." Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace.

The staff ensured people's safety was maintained when they supported them. One person told us, "I have help getting in and out of the bath and the staff use my equipment to keep me safe, I couldn't manage without their help as I wouldn't feel safe enough." A relative told us, "The staff use all the equipment properly, they have all been trained to use it and know what they're doing." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people including the equipment needed to support people to move safely. We saw that checks were carried out on this equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

Environmental risks assessments were undertaken within people's homes. We saw that some staff had undertaken the 'Olive branch' training to help them identify fire hazards within people's homes and the care supervisor told us that plans were in place to deliver information about this project to other staff. The Olive branch is a project with Staffordshire Fire & Rescue Service to identify potential fire hazards and other risks in the home. This project enables staff to refer people onto Staffordshire Fire & Rescue Service for a free home fire risk check.

We saw that the support provided was dependent on the level of support each person required. All of the people we spoke with and their relatives confirmed staff were available to support them as agreed and told us they arrived on time for their visit. One person said, "They do everything as agreed and usually keep pretty well to time and will ring me if they are going to be late." Another person told us, "They do the agreed job. Nine times out of ten they are on time, sometimes if the traffic is bad they get held up, but there isn't much they can do about that." People and their relatives confirmed that their support was provided by a

consistent staff team which they preferred. One person told us, "I have regular staff and I have got to know them all, which makes things much easier for everyone." Another person said, "I have regular girls come to me, they are all marvellous, I get on with them all." Staff told us that they supported the same people on a regular basis. One member of staff told us, "I have three runs of regular people; the support they have varies but I have got to know them all well." We saw that some of the staff were designated carers for one person that received both personal care and social inclusion support. This person's relative told us, "There is a team of staff that support [Name]; one has worked with [Name] for 14 years and another for eight years, so they have supported the newer staff. I have absolute confidence and trust in them, as they have known [Name] for such a long time." We saw an electronic system was in place for staff to log in and out for each call. This connected to information received in the office to monitor calls and identify any missed or late calls.

An on call system was available for staff. A member of staff said, "I ring the office in the day if I need to report anything or need advice and the on call in the evening or weekend." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "I have the office number. If I want to cancel a call or have a question, I ring them, they are always very accommodating." A relative told us, "They are spot on and will change call times for me if I contact them."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. We saw that all the required documentation was in place.

We looked at how staff supported people to take their medicines. People told us they received support to take their medicines and in the way they preferred. One person's said, "The staff just get my tablets out for me to take because it's too fiddly for me to manage now." Another person told us, "The girls just check with me that I've had them they say, 'have you remembered your tablets' and most of the time I have." We saw that assessments were completed on the level of support the person needed to take their medicine so that staff could support the person according to their needs. Staff told us they had undertaken medicine training and records confirmed this. A medicines administration record was kept in people's homes and we saw that staff signed when medicine had been given, or recorded if not given, and the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us they had received training in the MCA. The care supervisor told us that some people who used the service did not have capacity to make some decisions about their care.

We looked at the care file of a person who had a capacity assessment in place. This assessment stated that the person was unable to consent to their care package, rather than assessing their ability to make decisions about all areas of the support they received. We saw information regarding their capacity to make decisions was incorporated within their care plans and this showed us they were able to make some decisions with staff support. A member of staff who worked with this person told us, "When we support [Name] to get dressed, we put two tops out and they will pick up the one they want to wear." The person's relative confirmed this and told us, "Most of the support is done in their best interests because they can't make those decisions but they can make some decisions. I was fully involved in the best interest decisions for them." The care supervisor confirmed that capacity assessments would be undertaken in all areas of care to ensure they were decision specific.

Where people had capacity they confirmed they had consented to their support and how this was delivered. One person told us, "I have been fully involved in the care I get and the office staff come out to see me every so often to check I am happy with everything. Another person said, "I was very reluctant to have carers at first but I have been pleasantly surprised. It's marvellous and they don't do anything unless I've agreed to it."

People we spoke with confirmed that they were happy with the support they received from staff. One person said, "I think the carers are very good; they know what they're doing and how to do it. I can't fault them." A relative told us, "I am really happy. They really go out of their way, whatever I request they will try. The staff work as a team to support [Name] and they know how to; they have all been trained."

Staff told us they received the training they needed to support people. One member of staff told us, "The training is all face to face and we have refresher training every year." Staff told us their induction enabled them to meet the needs of people they supported. They told us the induction included attending training, working with experienced staff and reading care plans. One member of staff told us about their induction and said, "I have done the care certificate which was very thorough. I worked with other staff at first until I

got to know people. I was supported really well." The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate and high quality care.

Staff received supervision on a regular basis and told us this included observational supervision as well as one to one meetings. One member of staff told us, "I feel well supported by the management team; everyone is very approachable in the office and easy to talk to." The provider's audit had evidence that staff received supervision weekly during their 12 week probation and then every monthly following this. This showed us the provider monitored staff performance on an ongoing basis. We saw that staff were provided with an annual appraisal to identify their future training and development needs.

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person said, "They are marvellous, prepare my meals how I like them and check I have eaten them, they really do care. I feel very lucky to have such lovely carers." Another person said, "The carers prepare my meals, I am very satisfied with them." Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed.

People's health needs were identified in their care plans and daily records demonstrated that staff monitored this to ensure that appropriate medical intervention could be sought as needed.

## Is the service caring?

### Our findings

The staff were kind and caring. One person said, "They are friendly and very respectful towards me." Another person told us, "It's a wonderful company from the carers to the staff in the office. They are so helpful and will go out of their way to help me if I need any changes."

People told us the staff were considerate and took an interest in them. One person said, "I love to see the carers, we have a natter and a bit of laugh it always perks me up." Another person told us, "They know I like the football and always ask me about it. One especially is a football fan, so we have something in common to talk about."

People told us that staff supported and encouraged them to maintain their independence and promoted their dignity. One person said, "My carers help me in and out of the bath but I can manage once I'm in, so they go and do some housework and I shout them when I'm ready." Another person told us, "I don't need too much help and they know that, but they are nearby if I need them."

People confirmed they were happy with the gender of staff that supported them. One person told us, "I only have female carers to help me with a wash which I am happy about." The care supervisor told us that only female staff supported ladies with their personal care. They said, "Male carers might attend a call with a female carer if they needed support with moving, but they don't undertake personal hygiene care." This showed us that consideration was given to promote people's dignity.

## Is the service responsive?

### Our findings

People were supported with a variety of tasks, from personal care support, preparing meals, taking their medicine and domestic chores. People were supported by regular staff that they knew well. They confirmed their carers understood their needs and were capable of delivering the service they required. One person told us, "I couldn't wish for better care, I think they are all wonderful." Another person said, "They go over and above, they even put a hot water bottle in my bed to warm it up for me, they are very considerate."

The service was flexible. One person told us, "I have rung the office to make changes and they don't mind at all, in fact they were really helpful." Another person said, "I have rang and cancelled calls, it's never a problem."

Staff worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "We have work phones and get memos, rotas and updates if anyone's care needs change. When we have new people we get information about the person's support needs and how to access their home, so we always know before we visit what support they need, plus they have their care plans in their home." This demonstrated the provider ensured staff had sufficient information to provide a seamless service to people.

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "I have regular meetings to check I'm happy with everything, it is all very thorough."

People were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I've got the office number, so I would ring them, they are all very friendly." Another person said, "Whenever I ring the office they are very helpful. I have never had cause to complain but I think they would sort out any problems." A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw complaints received were recorded including the actions taken and outcome.

# Is the service well-led?

## Our findings

People and their relatives told us that the service was managed well. One person said, "They are worth their weight in gold, it's a marvellous service. Another person said, "I would definitely recommend them to anyone, you couldn't get nicer people, very good at their job and very reliable."

The staff spoke highly of the support they received from the manager and members of the management team. One member of staff told us, "It's a nice company to work for, really good support, really good teamwork, I love my job." Another staff member told us, "I feel really supported, even though there is a lot of lone working, there is always someone available if you need them."

A quality assurance system was in place. We saw that quality checks regarding the care provided were completed during reviews, to ensure people were happy with the support they received and annual satisfaction surveys were sent out to people. We saw the provider took action to address any areas for improvement. A relative told us, "They are spot on for doing reviews and they listen to me; I am very impressed at the effort that's put in to make sure everything is just how we want it." We saw that the provider had worked with this person, their relative and the staff that supported them, to ensure a person centred care package was in place.

We saw that audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. Where errors had occurred we saw that actions had been taken. For example we saw when a person's medicine had not been given, the staff member was provided with additional training and additional supervisions. We saw evidence to show that the management team undertook supervisions on staff practice that looked at staff dress, attitude, time keeping and the support provided.

We saw that six monthly audits were undertaken to look at things such as people's care plans and risk assessments. Accidents and incidents were recorded and reviewed to look for any patterns or trends, so that action could be taken to reduce risk. The care supervisor confirmed that none had been identified for the people currently using the service.

We saw assessments were undertaken at the office base to ensure the environment was safe for staff. This included risk assessments on all equipment used such as the computer system and monitors. Individual assessments had been completed for staff that used computers on a regular basis.

The data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The provider and registered manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.