

Freedom Care Limited

Private Road - Hugglescote

Inspection report

Private Road off Standard Hill
Hugglescote
Coalville
Leicestershire
LE67 3HN

Tel: 07966535628

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11 February 2019

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28 March 2019

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

About the service:

Private Road - Hugglescote is a care home that was providing accommodation and personal care to three people with learning disabilities and complex needs aged 65 and under at the time of the inspection.

The service is based in Hugglescote Leicestershire. It comprises of three purpose built self-contained adjoining houses with an onsite office.

People's experience of using this service:

- People were treated to a positive experience of care and support. Care provided to people respected their privacy, dignity and promoted their independence. Staff knew people's needs well and people had developed positive relationships with staff.
- People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.
- Systems were in place that confirmed any allegations of abuse were managed appropriately. The environment meets people's needs and is safe to live in. People were supported to access relevant health and social care professionals proactively. There were systems in place to manage medicines safely.
- Care plans and risk assessments had been completed and were regularly reviewed. These contained important information how to meet people's needs.
- The registered manager had a visual presence and staff felt supported and received training to support their role.
- Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care.
- The service met the characteristics for a rating of good in all the key questions we inspected.
- Therefore, our overall rating for the service after this inspection was good.
- More information about our inspection findings is in the full report.

Rating at last inspection:

This was the first inspection of the service since the change in provider in February 2018.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Private Road - Hugglescote

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection was undertaken by two inspectors.

Service and service type:

Private Road – Hugglescote is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Private Road – Hugglescote accommodates three people across three separate houses, each of which has separate adapted facilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted two health and social care commissioners who place and monitor the care of people at Private Road - Hugglescote.

During this inspection we visited and spoke with two people using the service. We also spoke with three members of staff including the registered manager and two care staff.

We looked at the care plans for two people who used the service including daily records, medicines records and risk assessments. We also reviewed other records relating to the management of the service. This included two staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because the provider had suitable systems in place to safeguard people from harm.
- Staff received training in safeguarding of vulnerable people.
- Staff knew how to recognise and report any concerns about poor care or ill treatment. One member of staff told us, "I know how to report any safeguarding concerns I have."
- People told us they felt consistently safe receiving care from staff.
- The registered manager reported all safeguarding concerns to the relevant authorities including the local safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People had detailed risk assessments about all aspects of their care.
- Staff knew how to keep people safe and promote positive risk taking.
- Staff consistently reported any change in risk and updated care plans to mitigate the risks.
- The registered manager recorded all accidents and incidents that involved people and followed these up with appropriate actions.
- People were cared for in a safe environment which had been assessed for risks such as water safety, fire safety and substances that could be hazardous to health.
- The registered manager ensured there was an emergency plan in case of incidents that affected the running of the service.
- People had personal emergency evacuation plans; staff had practiced the fire drill with people.

Staffing and recruitment

- There were enough suitably qualified and experienced staff deployed to meet people's needs.
- The provider ensured that all staff had a satisfactory enhanced Disclosure and Barring Service (DBS) check. The DBS carry out criminal record checks on people who intend to work with children and vulnerable adults. This enables employers make safe recruitment decisions.
- Staff were recruited using safe procedures. Previous employment history and character checks had been made.
- The registered manager had employed some staff who knew and cared for people before as they had transitioned from children's services. This had maintained bonds and caring relationships between people.

Using medicines safely

- People received their medicines safely. Systems were in place that ensured medicines were stored, administered safely and staff completed records.

- The registered manager audited medicines records and addressed issues that had been identified.
- Staff received training and understood their responsibilities to manage medicines safely.
- The registered manager had liaised with the pharmacist to receive people's medicines in suitable containers for them to be flexible where they took their medicines. This helped promote people's independence and freedom to travel as their medicines could still be stored and administered safely.

Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and they followed the providers infection control policy.
- People lived in their own self-contained home and their environment was clean tidy and free from risk of cross infection.
- The registered manager carried out regular infection control audits; any identified issues were actioned promptly.

Learning lessons when things go wrong

- The registered manager regularly reviewed incidents and accidents to identify potential themes and trends. This analysis enabled changes to people's routines and care to be implemented which reduced incidence's occurring enabling people to live safer lives.

Is the service effective?

Our findings

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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before moving to the home ensuring the service could meet their needs.
- People's care files and assessments were based on best practice guidelines and were tailored to their individual needs.

Staff support: induction, training, skills and experience

- Staff had an induction to the service with a programme of training and the shadowing of experienced staff.
- Staff had received training to meet people's specific needs such as types of safe restraint, positive behaviour support and management. This enabled staff to recognise when certain behaviours might escalate so they could initiate appropriate techniques to manage them.
- One member of staff told us, "They [new staff] had all the training and support they needed and were confident in their role."
- Staff received on-going support from the registered manager in the form of one to one meetings and supervision.

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

- Staff recorded in people's care files information about their nutritional requirements, likes and choices.
- People chose their meals and were supported to develop their own menus; these demonstrated a healthy lifestyle was encouraged.
- Staff supported people to shop for their food and assisted in the preparation of meals, ensuring people's allergies and preferences were considered.
- People were assessed for risks of not eating and drinking enough to maintain their health and well-being. People were referred to health professionals promptly where an assessed risk was identified.
- Staff received training in safe food handling hydration and nutrition which included special diets.

Adapting service, design, decoration to meet people's needs

- People's homes were personalised and evidence of their choice of possessions including mementoes and items of significant importance were observed throughout.
- People's needs were met safely by the adaptive design and security of the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access relevant and timely healthcare reviews and appointments.
- The registered manager worked closely with specialist healthcare services to develop support plans specific to individual's needs, such as behavioural nurse specialists?

- Staff had excellent working relationships with other agencies that protected people from ill health. One professional told us, "They [staff team] are exceptionally proactive, my recommendations are always followed and I have no concerns with the service."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Records confirmed that DoLS applications had been submitted, were authorised by the assessing authority and CQC had received notifications of these.
- Staff sought people's consent before they provided care.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us "The care staff have a great manner with people and it is lovely to see."
- Staff had excellent relationships with people demonstrating an ethos of dignity and respect.
- People's preferences about staff who supported them were always respected and considered.
- We observed people were consistently treated with kindness and the care delivered was of a high standard.

Health professionals and relatives spoke very highly of the service. One relative told us, "[Named person] has been given a purpose to life and feels valued." One professional told us, "It's [the service] such a cohesive team and delivers an exceptional service."

- People's care files were personalised and contained all the information to ensure people received good care with people's likes, routines and the support required to lead a fulfilling life.
- The service had developed effective systems that ensured people were supported to communicate effectively. Staff were observed using verbal and non-verbal cues and had developed interaction skills with individuals that enabled people to feel safe.

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

- People were involved in decisions and choices in all aspects of their care and activities they chose. Throughout the inspection it was clear staff understood people and demonstrated this in the interactions we observed. Staff recognised when people required support or could be independent.
- Relatives were routinely involved in the review of people's care and staff had developed respectful relationships. A relative told us "Staff always keep us in the loop and if there are any concerns over [named person] they contact us immediately."
- People were involved in the review of their care; this was recorded in their care plans. Relatives were involved in discussions where it was appropriate for them to do so and with people's consent.
- People were sensitively supported to talk about positive life experiences and events they had been part of in their life to support their sense of self and well-being.

Respecting and promoting people's privacy, dignity and independence

- People's care was delivered that respected individual privacy and dignity during the whole inspection. People's care plans and documentation we reviewed also reflected this.
- Staff spoke with people in a caring and compassionate manner. They understood each person's needs and their choice of communication method demonstrated this.
- All staff had an ethos of enabling people to be more independent and experience a good quality of life.

- Staff recognised people's individual strengths and promoted these to their full extent.
- The service demonstrated a culture of aspiring to improve people's lives. There was great emphasis on relationships between people and staff. Staff enabled people to carry out their personal rituals and in doing so ensured people could participate in other activities of their choice. For example, meal planning and choosing community activities.
- A health professional told us "The staff have such a positive manner, they are so dignified in their approach to people."

Is the service responsive?

Our findings

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

Good- People received personalised care that responded to their needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans were reviewed regularly and changed as people's needs change. At times this was frequent as people tried out new activities or experiences.
- The service worked hard to meet people's individual wishes to be involved in community life. Staff understood the importance of people's independence and knew individual's specific needs to make this happen. For example, a person was supported to go on holiday for the first time with people who were important to them. Suitable accommodation was found and the person took part in activities of their choice with family members.
- Staff tried different ways for people's individual needs and choices to be met. One person was supported to have overnight stays initially. Staff recognised that by trialling this method first could lead to the potential of longer breaks being more successful.
- One staff member told us, "Everything we do is for the people we support." Another staff member told us, "Everything geared around person's needs, whatever it takes to ensure they are respected, and they feel comfortable."
- Staff knew people's needs and how to ensure effective outcomes. This was provided through discussions with individuals on what they wanted to achieve and setting goals. A relative told us they were, "Absolutely delighted with the staff and they had turned [named person] around and they also do that little bit extra."
- People's daily routines were tailored to their specific needs; for example, repetitive actions and routines that enabled people to release their anxieties and provide comfort. Staff took time to ensure that people's routines were completed to people's satisfaction before supporting them to carry out activities for the day. People's records demonstrated and relatives told us that the actions of staff had directly led to people being very happy in their home.
- People's care files contained comprehensive information to provide individualised support. People's care was routinely reviewed to establish any change in their needs. Information was shared with staff and embedded this into daily life.
- Staff knew people's preferences precisely, ensuring support was provided as planned and according to the way they had decided to receive it. Staff were flexible and adaptive with their support dependent on each person's needs at any time.
- Staff described how one person could not tolerate seeing many people at one time. However, since moving to Private Road – Hugglescote they regularly saw family for planned periods of time, and successfully had a party in their home. One relative told us, "Every time I visit [named person] gets the care needed and is really happy. They [staff] arrange parties at important times of the year for [named person] which gives so much pleasure for all of us [named person and family]."
- People were encouraged and supported safely to access the local community to participate in their choice of activities and events. This was only possible due to the relationships, knowledge and the skills of the staff who provided an intense level of support for them to do so. Staff knew what people liked and disliked and

supported people appropriately to develop friendships and identify common interests within the home.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and were confident their issues would be dealt with by the registered manager.
- People were given the opportunity to raise concerns. Some could express themselves best through verbal communication so staff provided time to listen to people and actively sought their feedback.
- One relative told us, "When I wasn't contacted as I was told I would be, I spoke to the manager and it was sorted straight away. Now I am contacted when I have asked to be. The manager is so passionate about the service and wants to sort things out if they go wrong. I can always contact her at any time and she listens to me."
- Another relative told us, "I have no concerns, they provide really good care and I am happy with [named person] being there. I feel at ease with the staff and they always go out of their way to help."
- Policies and procedures were in place that ensured there was a system in place to identify and address any complaints.
- The registered manager knew how to respond to complaints in line with the provider's complaints policy.

End of life care and support

- Policies and procedures in relation to end of life care were available to support staff in meeting people's end of life care needs, if it was required.
- One person had been supported to express themselves following the death of a family member. The registered manager continually looked for signs that this person may need further professional input and support from the local hospice.
- Staff had received training and support relating to end of life care.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and staff showed us they were passionate about the people they supported and strived to be the best to promote the independence and quality of life for people in their care.
- The registered manager told us the service aspired to 'Make everyday amazing.' We want the people we support and staff to feel that every day is amazing.
- The culture of the service was to listen and respond to people sincerely. The registered manager put people's wishes at the heart of the service.
- One member of staff told us, "[Name] now has more meaning and structure to their life, is happy and is respected as a person."
- All the people we spoke with valued and respected the registered manager and staff. One relative told us, "The service has strong leadership and staff are well trained. I would personally recommend this service to anyone" Another relative told us, "I am confident in the manager and the staff team and I have never had any concerns and it is of exceptional quality and standard."
- The registered manager's philosophy to recruitment of staff ensured people who they were considering employing had the qualities to provide people with a high standard of compassionate care to demonstrate the service's ethos of enhancing people's life to their full potential. It was important that staff were compatible with each person in the home.

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

- The registered manager understood the responsibilities of the role and submitted notifications to CQC when it was appropriate to do so.
- Audits had been completed and the findings from these were recorded so that any actions required could be addressed. They shared the findings with staff and used them as learning to improve the service demonstrating an open and transparent culture.
- The registered manager continually looked for ways to improve the service by reassessing their audit processes and involving staff.
- Staff we spoke with understood their roles and their responsibilities to ensure people received quality care and held a positive working relationship with the manager.

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

characteristics

- The registered manager held staff meetings and produced minutes which were made available to the team. Staff were encouraged to make their own suggestions and could speak openly and seek support.
- The registered manager had a visible presence in the service. Contact was encouraged and welcomed to relatives and professionals for their views and how to complain.
- People consistently told us the leadership of the home was excellent. The service recognised achievements of the staff team by deploying a bonus scheme.
- The registered manager supported and encouraged staff to develop their wider knowledge with access to additional training they wished to pursue.

Working in partnership with others

- There was good partnership working with health and social care services. Professionals we spoke with all commented on the service's willingness to support their recommendations and how the service was specialised, proactive and improved people's lives. The records we looked at demonstrated this.
- The service had a recent quality visit by the local authority commissioners. Small areas of improvement were recommended and the manager implemented these to develop the service further.