Freedom Support Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 and 26 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

The service provides personal care to people who live in their own homes. At the time of the inspection there were 26 people receiving the regulated activity of personal care including five people who received a supported living service.

There was no registered manager in post though the manager had submitted their application to register with us. 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 service did not always act in accordance with the Mental Capacity Act 2005 to ensure that people were supported to make their own decisions or that decisions were made in their best interest when they were unable to do so. This meant that people's legal and human rights may not always be upheld.

Quality assurance systems were not always effective to ensure that issues with quality were identified and acted upon in order to drive continuous improvement.

These issues resulted in breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People felt safe and staff understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed. Clear and specific risk assessments and management plans were in place which staff were aware of and followed to ensure people were safely supported.

There were enough suitably qualified staff available to meet people's assessed needs and safe recruitment

practices had been followed. We found that people received support with their medicines when required.

Staff received training and supervision which ensured they had the knowledge and skills required to meet people's needs. People were supported to eat and drink sufficient amounts and staff encouraged people to make choices about their eating and drinking.

People were supported to access health professionals and referrals for advice were sought by staff, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about their care. People's dignity was maintained when they received support from staff.

People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences. Staff knew people well and their care plans contained detailed information about the way they preferred to be supported.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

Some staff did not feel supported by the management at the service though there were plans in place to address this.

The service worked in partnership with key agencies to help ensure that people received holistic support.

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 felt safe and staff knew how to protect them from avoidable harm and abuse. There were enough staff to meet people's needs and safe recruitment practices were followed to ensure that staff and volunteers were suitable to work with people who used the service. People got their medicines when they needed them and risks were assessed and monitored to keep people safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not always supported in line with the Mental Capacity Act 2005 to ensure that their legal and human rights were upheld. People were supported to eat and drink enough to maintain a balanced diet and were supported to access healthcare professionals when required. Staff had the knowledge and skills to be able to support people effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who knew them well. People were given choice and control and their dignity was respected. Independence was encouraged and promoted by staff who were caring in their approach.

Is the service responsive?

Good

The service was responsive.

People received personalised support from a regular team of staff who were well matched with them to meet their needs and preferences. People and their relatives were involved in developing their care plans to ensure they met people's preferences and needs. People knew how to complain if they needed to and we saw that complaints were dealt with in line

with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not effective in identifying issues and driving continuous improvement. Some staff did not feel supported by the management though there were plans in place to address this. The service worked well with partner agencies to help ensure that people received holistic care.

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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 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 took place on 25 and 26 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

The inspection team consisted of one inspector and an expert by experience who carried out interviews with people who used the service or their relatives via the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 reviewed this information alongside information from the local authority and members of the public to help us plan our inspection.

We spoke with two people who used the service and 19 relatives. We also spoke with seven members of care staff, a service manager, the manager and the provider.

We looked at the care records for four people who used the service to see if they were up to date and reflected the care received. We also looked at seven staff files including two volunteers' files and other documents to help us see how care was being delivered, monitored and maintained.

Good

Our findings

People we spoke with told us they felt safe when they were supported by staff. One person said, "I feel so safe." A relative said, "My priority for my relative is safety, its top of the list and my relative is safe when supported by the agency, absolutely." Staff had a good understanding of safeguarding adult's procedures and were able to demonstrate that they understood the types of abuse that could occur, how to recognise these and how to report their concerns. One staff member said, "I'd report it to the team leader, or I'd go higher if I needed to." We saw that local safeguarding adult's procedures had been followed when required and that suspected abuse was reported to the local authority and investigated when needed.

People's risks were assessed and planned for to protect their safety and wellbeing. People had individual risk assessments that were specific to them and were detailed enough to help staff understand how to manage risks. For example, one person needed specialist equipment and the support of a staff member to help them to move. The person told us, "When they help me to move I do feel safe with them, they're very good." We saw that there was a clear risk assessment and plan in place for staff to follow and we saw that staff followed this to ensure the person's safety. An occupational therapist had been involved in creating the management plan to ensure that the person was as safe and comfortable as possible.

People we spoke with told us that there was enough staff available to support them and that they had regular staff who were familiar with them. One person said, "I get the same people who I know all of the time." Relatives told us that staff arrived at the expected time and that they stayed for the required time as assessed in the person's care plan. One relative said, "I have never had any problem with timekeeping where this agency is concerned. The carer arrives well on time for the start of their shift." Another relative said, "They are all very good and arrive promptly when they are due to start." The manager told us that when people received a supported living service, staff were recruited specifically to work with individuals and this helped to ensure consistency of staffing. They told us that each person had their own staff team and when cover was required, it was the aim that cover was provided by a staff member who knew the person and this happened in the majority of cases.

Staff told us and we saw that safe recruitment practices were followed. This included requesting and checking references and Disclosure and Barring Service (DBS) checks for all staff and volunteers to make sure that they were safe and suitable to work with the people who used the service. The DBS is a national agency that keeps records of criminal convictions.

People told us that staff helped them with their medicines and that they got their medicines when they

needed them. Staff we spoke with told us that they felt competent to support people with their medicines. One staff member said, "I had medication training when I started plus some more two weeks ago." We saw that people had detailed plans in place to help ensure they got their prescribed medicines safely. For example, one person needed an inhaler 'as and when required'. We saw that staff had taken advice from the Pharmacist and incorporated this into the person's care plan to help staff recognise when the person needed their inhaler.

Requires Improvement

Our findings

The service did not always act in accordance with the Mental Capacity Act 2005 (MCA). The 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. Staff told us and records showed that one person was often refusing their medication to ease constipation. Staff told us and we saw in the person's records that they were 'getting more confused'. When we asked the service manager if the person was able to understand the risks of not taking their medication, the service manager told us they were not sure. The service had not considered the need to assess the person's capacity or supported them to understand the risks and consequences in order to help them make their own decision. The meant that the principles of the MCA were not being followed.

Staff told us that another person they support had not got the mental capacity to make decisions about their care and support. However, no MCA assessment had been completed and no best interest decisions had been recorded for the person. Staff and managers told us that the person's relative made all of their decisions on their behalf. We saw that the relative had signed consent forms on behalf of the person but there was no evidence that they held any legal decision making power under the MCA. This meant that the service was not acting in accordance with the MCA to ensure that people's legal and human rights were respected and upheld.

We spoke with staff who did have some understanding of the MCA and they told us how they supported people to make their own day to day choices. However, records showed that only four staff members had completed training in the MCA and so the provider had not equipped the staff to be able to comply with the MCA.

These issues demonstrated a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us that staff supported people to eat and drink sufficient amounts. A family member said, "My relative likes to go to a restaurant with his carer. The carer will try to encourage him to eat something different each time. They also have to encourage him to drink as he would go all day without a single drink if they didn't prompt him." Another family member said, "My relative loves a pub lunch. The carer helps her to choose what she would like from the menu and then will encourage her to eat this whilst it

is still warm." We saw in one person's records that the person needed reminding to drink plenty and we observed that staff did this to ensure they had sufficient amounts to drink. A staff member said, "I've done some training recently on nutrition and hydration, it was good." We saw there was a specific section in people's daily records to record information about nutrition which helped to ensure that people's nutrition and hydration was considered and accurately recorded.

People were supported to maintain good health and were supported to access healthcare professionals when they needed them. We saw that one person was refusing to drink their prescribed nutritional supplement. Staff were proactive in contacting the district nurses and doctor and working with them to get a new prescription for a different flavour, to try and encourage the person to take their prescribed supplement and maintain their weight. We saw records that showed that staff contacted medical professionals for help and advice when they were concerned about the health of the people they support. For example, staff had recognised that one person was requesting the use of their inhaler a lot more than usual so contacted the doctor for advice. We also saw that staff worked alongside professionals including occupational therapists and learning disability nurses to help people manage their needs.

Relatives told us that staff had the knowledge and skills to support people effectively. One relative said, "All the staff that look after my relative have the skills that I think they require in order to keep her safe." Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "I had a good induction, two days in the office training and quite a lot of shadowing. I felt ready by the time it came to delivering care alone." People and relatives felt reassured that all new staff were able to shadow more experienced staff before providing support to people. One relative said, "The agency will introduce a new carer to my relative's team by way of a shadowing role. This means that they will pair up an experienced carer with the new carer so that they can see exactly what is needed to be done to keep [Person who used the service] safe."

Staff told us and records showed that individualised training was delivered to meet the specific needs of people who used the service. One staff member said, "We have training that is specific to the person, we've had quite a few of those, it's useful." Records showed that training was delivered to staff teams including how to use suction machines and specialist feeding systems for those people who required these specialist interventions. Staff confirmed they received effective supervision from team leaders. One staff member said, "We have supervision and it's useful. We talk about the people we support and how they are doing; our rotas and we can talk about anything we want to."

Good

Our findings

People told us they were treated with kindness and compassion and that staff were friendly towards them. One person said, "I feel so, so supported, it's great, that's all I can ask. I am very happy with the care I get." Another person told us, "I have a good service, I'm quite happy. Staff are friendly." A relative told us, "The one thing I have no concern about is the quality of the staff that look after my relative. They couldn't be more dedicated and compassionate and while they are here their only concern is my relative and her care."

Staff told us they knew people well and knew their preferences as they had got to know them when providing support to them. One staff member said, "By spending time with [Person who used the service] you get to know what they want, how they communicate and whether they are happy or not. [Person who uses the service] likes to be near running water and will go to the sink when they want this." We saw in the person's care plan that this was something they liked. Another staff member told us, "I'll put something in the slow cooker because sometimes [Person who uses the service] will say they are not hungry but if they smell it, they'll say, 'go on I'll try some of that' and it's really important they eat enough." This showed the staff member knew the person well and cared for their wellbeing.

Relatives and staff told us that people were encouraged to be involved in making decisions about their care. We saw that people and relatives were involved in writing their support plans. One relative said, "We tend to work as a team in planning my relative's care." Another relative said, "A manager visited us and sat for a good two hours talking through what it was my relative required and also getting to know my relative." We observed that people were offered choices in the support they received. We saw staff asking one person if they would like to go back to bed for a rest, if they would like another drink and if they would like help to put on some lip balm. When the person accepted the staff member offered them a choice of two and they carefully helped them to apply their lip balm. The person was smiling and said, "That's better."

People's dignity was respected. A relative told us, "Staff will assist my relative to change their continence pad when out during the day. The carer is always very good and makes sure they use a disabled toilet where there is more space and they are able to attend to their needs without my relative getting distressed at all. They always dispose of the pads appropriately and make no fuss about it which is pleasing because my relative can worry about it if too much fuss is made." Another relative said, "If a carer is helping then they will always make sure that the curtains are shut and the bedroom door closed before providing person care. Little things like this can make all the difference." We saw that a number of staff were dignity champions and there was a dignity tree on the office wall.

People told us and we saw that staff encouraged them to be independent. One person, "I can do things for myself." We saw in their records that they were encouraged and enabled to make their own lunch and do their own shopping. We saw a staff member supporting a person to open their mail and organise their diary to fit in their appointments. A relative said, "My relative has really flourished since the carer has been taking them to all sorts of activities."

Good

Our findings

People told us they received personalised care that was responsive to their needs. One person told us they had a regular staff team who were well matched to them and they always knew which staff member would be arriving. They said, "They give you a list of who is coming in advance, if you are not happy with who is on the list, you just tell them and they change it for you." The person showed us their staff rota list and we saw that they had a consistent staff team. Another person said, "They tend to stick to the same staff who know me well." A staff member told us, "People get person centred care from their own staff team."

People told us their preferences were taken into account about who provided their support. One relative said, "It is really essential that my relative has female carers and I was very straight with the agency when we started with them that this is what we needed. To give credit to them they have always sent female carers and it has never been an issue so I am happy with that." We saw written in one person's care plan that they were very sensitive to the feelings of others, the plan stated, "Your mood can make me feel a similar way. Happy people make me feel happy." We saw that the staff member was well matched with the person as they were lively, bubbly and chatty and we heard the person and the staff member laughing and singing together.

People told us they were involved in creating their support plans and we saw that the plans were detailed and reflected how people liked to receive their support. We saw that one person had been supported to create a list of 'staff rules' for staff to follow when supporting them in their own home. Staff who supported the person were aware of this and explained to us how the person liked to be supported and this matched what was written in their plan. Staff were familiar with the content of people's plans and knew their likes, dislikes and preferences. One staff member said, "We know people well because you get to shadow before you support people, we look at the support plans which have lots of information and people tell you about themselves, we have time to spend with them."

People and relatives knew how to make a complaint if they needed to. One relative said, "I definitely know how to make a complaint but so far I haven't had to make any." Another relative told us, "I've never made a formal complaint but I have had to speak to the agency about a couple of issues. I found that on both occasions the office staff accepted what I told them and did something about it. I would therefore hope that if I had a formal complaint, it would be treated in the same manner." There was a complaints policy in place and we saw that when complaints had been received they had been documented and investigated in line with the policy.

Requires Improvement

Our findings

Quality monitoring systems were not in place to allow the manager or provider to assess, monitor and improve the quality and safety of the services provided. The manager had recently taken over the management of the service and told us they discovered that there were no effective quality assurance systems in place.

The manager told us that office staff were tasked with telephoning people who used the service or their family members to gain their feedback on the service provided and that this is documented on a quality assurance form. We looked at these and saw they were last completed in October 2015. Some people and relatives had made suggestions for improvements however there was no evidence that any action had been taken or that the feedback had been shared with the manager or provider. The manager told us and we saw that surveys had been completed for people who used the service in September 2015 and for staff in November 2015 and that these are completed every 6 months to measure improvement. However, the manager told us that the results of these surveys had not yet been reviewed or analysed so no action had been taken to make improvements and feedback had not been given to people or staff.

The manager told us that daily records and medicines administration records (MAR) were audited by team leaders and issues identified were raised to the manager. There was no record that any issues had been raised to the manager so we could not see whether action had been taken to make improvements. We looked at some recent audits of daily records but we also needed to see the person's MAR however the manager and provider could not locate the MARs. The manager and provider told us that the person's relative kept the MARs at their home so we asked how the provider checked to ensure that medicines were administered safely. The provider and manager were not sure. We looked at other MARs and saw that there were some gaps in the records with no explanation recorded. People told us they received their medicines when they needed them but records did not clearly show whether the medicines were given as prescribed. The service manager had identified the issue for the specific staff team and provided additional training; however we saw the same issues continued after the additional training so actions were not effective in driving continuous improvement.

These issues demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they felt they could approach the management staff. One person said, "Occasionally I speak to the managers. They're very busy. I'd speak to them if I was unhappy about anything,

I'd query it with them. I think they would listen to me." Some relatives felt that staff had not been supported. One relative said, "For quite a while I got the impression that staff felt very unsupported from the management of the agency and I found it virtually impossible to speak to a manager. However recently I have found it a lot easier to speak to a manager. I hope that the staff themselves feel better supported."

Some staff we spoke with did not feel that the management were approachable or supportive. Some comments included, "There's a lot of unhappy staff because of the management but the care provided is amazing. I'm just not enjoying it as much as I used to" and "They can be supportive, I've felt a bit alone recently but it's getting better. They have kept us informed about the management changes."

Some relatives expressed concerns that staff were leaving the agency, "The staff are excellent but they don't really appear to be supported by the management otherwise they would not leave at the rate they appear to be doing so." The manager and provider told us that the retention rate of staff was high, though they were aware of the issues that had been raised and had an action plan in place to address the concerns. The manager had arranged more regular staff meetings, was ensuring staff had regular supervisions and was increasing opportunities for staff to visit the office to help them feel supported by the new manager. These supplemented informal opportunities already in place for staff to access management support.

We saw that the manager and provider worked well with other key agencies to ensure that people were receiving holistic care. The manager told us that they had good relationships with other agencies which ensured people received input from other agencies such as local authorities, learning disability nurses and occupational therapists. Some people received a supported living service and the manager told us they had relationships with the housing providers and showed us a list of contacts for housing related issues, for those people who received a supported living service. This meant that the service was able to support people to manage issues associated with their accommodation as well as personal care support.

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity to consent to their care and support had not been assessed when required, in line with the Mental Capacity Act 2005. Relatives had signed consent on behalf of people who used the service without any evidence of legal powers under the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the quality and safety of the services provided. Feedback from people who used the service and staff had not been acted upon to ensure the continued improvement of services.