

Freedom Care Limited

26 Brookside Avenue

Inspection report

26 Brookside Avenue
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

26 Brookside Avenue provides accommodation for up to three people who require support with personal care. The service specializes in care for younger people with learning difficulties and autistic spectrum disorder. At the time of our inspection two people were using the service. The registered manager told us that they do not intend to support three people in the future as the building is too small

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

We identified a few concerns about the recording and storage of medicines. We were informed these would be resolved promptly. People and relatives felt the service was safe. Staff had received safeguarding training and knew how to report concerns if they had any.

We observed staff were well trained and also had sufficient care plan guidance in place to ensure that they were supporting people safely and effectively. The service was clean.

There were enough staff and staff were safely recruited. If needed, referrals were made to other professionals. Professional advice was documented and followed. Professionals had also provided some training for staff.

Staff had good knowledge of people's needs. We observed positive caring interactions between people and staff. Relatives reported that the service was caring.

The service was small and followed the principles of 'registering the right support'. Where the service was situated, allowed people access to the countryside and public transport if people wanted to visit other areas. We observed people were supported to engage in activities of their choosing and live independent lives.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Whilst neither of the people using the service were at the end of their life; the service had explored their wishes. This meant that in the event of a sudden death, their preferences would be followed.

There was a clear governance process to ensure that records were audited at the service. The provider oversaw the registered managers work to ensure that the management team was effective. Staff spoke highly of the registered manager and felt the service was managed well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 2 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

26 Brookside Avenue

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by an inspector and an inspection manager.

Service and service type

26 Brookside avenue 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.

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. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The provider is legally required to notify us of significant events that have occurred at the service. We

reviewed this information that the provider had sent. We also asked the Local Authority for feedback on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. Due to people's communication needs their feedback about aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received.

We spoke with five members of staff. This included three care staff, the deputy manager and registered manager. We reviewed a range of records. This included two people's care and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We found some concerns with the storage of medicines. The controlled drugs cabinet was not secured to the wall. This cabinet is legally required to be secured due to the nature of the medicines inside.
- We identified that some medicine records were filled in by hand by one staff member, there was no evidence that a second staff member had checked the accuracy of these records. Good practice would include a second staff member signing that they have checked the accuracy of these records. We were informed these concerns would be resolved promptly.
- We identified that one medicine was prescribed to be given before food. The deputy manager explained that this was routinely given after the person had eaten. We expressed concern about this. The service promptly completed a risk assessment showing it was the persons choice to eat after taking this medicine.
- Medicines were otherwise given as prescribed. There were clear processes in place to ensure that the correct medicine was in stock and that staff had received training to give it safely.
- If people required specialised medicine. Then training had been given to staff on how to administer this. Clear guidance was also in place for them to follow.

Assessing risk, safety monitoring and management

- Staff were provided with clear care plan guidance on how to support people safely. There was evidence of regular reviews and changes to guidance when needed.
- We found one care plan had old information still recorded in it. This information contradicted current guidance. The registered manager explained they were in the process of reviewing care plans and would work to resolve this.
- Staff were aware of people's individual needs and any risks associated. For example, if a person people became agitated there was clear guidance on how to keep them safe. Staff understood the guidance.
- Window restrictors had been put in place to prevent windows opening too far. These had been removed by a person living there. However, this had not been recognised by the staff team. Following our inspection, the registered manager completed risk assessments which showed these window restrictors were no longer needed.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of potential signs of abuse. Staff felt confident reporting any concerns to management and external professionals.
- People and relatives felt the service was safe.

Staffing and recruitment

- There were enough staff to support people. We observed that staff were available to respond to people's needs quickly.
- Staff were safely recruited. For example, references had been gathered from previous employers to ensure staff had good character and the required skills.

Preventing and controlling infection

- The service was clean. There was a cleaning rota in place, this ensured that all areas of the home were cleaned.
- Staff were provided with personal protective equipment (for example gloves). This ensured that people were protected from the spread of infection.

Learning lessons when things go wrong

- Incidents that occurred at the service had been recorded. This meant that themes could be considered and actions taken to prevent re-occurrence
- For example, the people living at the service had an argument. Staff reviewed causes of this argument and acted to ensure triggers were not in place for the future.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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 holistically assessed. This ensured that their mental, physical and emotional needs were well known and supported.
- The service followed current national institute of clinical excellence (NICE) guidelines, this ensured that care was delivered in line with current standards. For example, staff received guidance to respond to calm people experiencing distress. There were clear processes in place to ensure that any behaviour that challenged staff, was responded to in a supported and non-restrictive way.

Staff support: induction, training, skills and experience

- Staff received training to complete their role effectively. Staff told us that training was good quality.
- Staff told us that they received a thorough induction. This ensured they understood people's needs well before starting work.

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

- People were supported to eat a balanced diet. People's preferences were understood and people were supported to choose their own diet.
- If people experienced risks associated with eating. These risks were well understood by staff and clear guidance was in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to other professionals if needed. We observed staff attended a hospital appointment with a person.
- Professional advice was clearly documented and followed by staff.
- Staff had good knowledge of people's health conditions and what support people would require to manage these health conditions.

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

- The service met the principles of 'Registering the Right support'. The registered manager explained, "You wouldn't know it's a care home. It doesn't have an institutional feel."
- A person explained that they had chosen how to decorate their bedroom. They described that they liked the location of the service, "I really like the quiet location of this place. But I can still get on the bus and go out."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Improvements had been made to mental capacity paperwork. There was now clear documentation on people's ability to make decisions.
- People were supported to make their own decisions. Where they could not make certain decisions for themselves, thorough mental capacity assessments were completed. A best interest decision then guided staff to support them in the least restrictive way
- One person had a DoL in place, this had placed certain restrictions on their freedom. Staff were guided on how to support this person effectively.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff treat people with kindness and respect. We observed a staff member kindly prompting someone to prepare for leaving the service. This was done in a way that promoted their independence.
- A relative described that staff were "always kind to [person]" and that the person appeared to enjoy their company.
- Staff understood people's individual needs and diversity. People's religious needs were documented. People were free to live the life of their choosing.

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

- People were involved with planning their daily routines. A person described that they have lots of activities available to them. They explained, "I like to go, sometimes I don't feel like it. But staff encourage me. Otherwise I'd just sit in my room. I like that they encourage me."
- People were encouraged to feedback into the content of care plans. This meant staff would receive clear guidance, which considered the person's preferences.

Respecting and promoting people's privacy, dignity and independence

- People were given privacy, for example one person liked to have time alone in their room. Staff explained that they would not enter as it could upset the person.
- People's independence was promoted. For example, people were supported to decide a budget of money and spend as they wished

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's preferences were clearly documented and followed. Where people could not clearly explain their preferences, their relatives were involved to ensure that care was personalised.
- A person explained that they had a variety of activities available to them, and they were free to leave the house with staff when they wanted. They said "We are shopping today. There is a shop in the village, but I want to go to the one further away. It's always my choice. We'll get the bus."
- Where people experienced some difficulty with making choices, staff were able to guide them. For example, staff had worked with a person to limit the amount of unhealthy drinks they drank. The person was happy with this arrangement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented for staff to follow.
- We observed that different communication aids were available, like picture instructions of how to make a complaint.
- Where needed, staff had referred people to a speech and language therapist to support communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had good knowledge of people's family support groups. The registered manager advised that people are free to visit or have visits from family. They advised that if they person chooses not to see their family, then this choice is respected.
- Both people at the service had chosen activities that interested them. On the day of the inspection, both people did activities they enjoyed. We observed photos of them enjoying the activities.
- People's religious needs were recorded and understood. They were supported to attend places of worship if they chose to do this.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy, so those people at the service could make a complaint if they wished. We observed one person had made a complaint. This had been thoroughly responded to in a way

that they would understand

- A relative explained that if they needed to complain, they felt that the service responded well.

End of life care and support

- Staff had explored people's preferences. This meant that their wishes would be followed in the event of a sudden death.
- Neither of the people at the service were at the end of their life. Therefore, more advanced end of life care planning had not been required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives spoke positively about the service. A staff member said, "Care is exceptionally good quality. All the staff really care about the people."
- There was a strong focus on promoting people's independence and encouraging them to make their own decisions. The registered manager explained there were positive relationships formed between staff and people, and felt people living there were more engaged as a result.
- Records showed us that people had good outcomes. For example, one person's communication and social skills had improved since using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed that complaints were responded to fully. A relative explained that complaints had been responded to well.
- The provider is legally required to notify the CQC about events that occurred at the service. We had received notifications as required.
- The provider is legally required to display their current CQC rating. We saw that the CQC rating was clearly displayed

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

- Staff and managers were clear about their responsibilities in the service. They had a good understanding of the regulations that oversee their work.
- Staff spoke highly of the registered manager and felt they supported staff well.
- There was a clear auditing process at the service, to ensure that care remained a good quality. We identified some concerns with medicine at the service, we were informed that they would amend their processes to ensure that medicines were managed safely. We will review this at the next inspection visit.
- The service had not recognised that window restrictors had been removed from a person's room. We were concerned that this left a person at risk of harm. We discussed this with the registered manager, who completed a risk assessment and found that the window restrictors were no longer required.
- We identified that a care plan had some out of date information stored in it. The registered manager explained that the service was moving to a new provider and care plans were being reviewed to ensure only current information was provided to staff. We will review the effectiveness of this process at our next

inspection

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

- The previous inspection highlighted that relatives were not always consulted. We were informed that some surveys were being developed to ensure that relatives feedback was heard
- A relative explained that they feel the service updates them, however this can be restricted by whether the person gives permission for this information sharing. We consider this to be good practice as people's information should not be shared without relatives without their consent.

Continuous learning and improving care

- There was a clear auditing process at the service, to ensure that incidents were learnt from and actioned.
- The registered manager explained how the provider oversaw their work. The use of an electronic system meant that any concerns were flagged and discussed. For example, if the percentage of trained staff reduced, then the provider would be alerted and have discussions with the registered manager on how to resolve this.

Working in partnership with others

- Records showed clear partnership working. If people required a professional, then referrals were made, and advice documented.
- One person had a specialist medical need. Training had been arranged with the relevant health professional. So staff were aware of how to support the person safely.