

Freedom and Lifestyle Limited

Freedom and Lifestyle Limited (t/a Midlands Community Homecare)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Freedom and Lifestyle Limited (t/a Midlands Community Homecare) is a domiciliary care agency providing personal care to older people, younger adults, people living with dementia, learning disabilities, autistic spectrum disorder or physical disabilities. At the time of our inspection there were 4 people receiving personal care from the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider had not always ensured people's risk assessments contained enough information. People did not always know the name details of carers providing support. Audits completed by the provider required more information to demonstrate how information gathered was acted upon and used to support quality improvement. Care records did not always evidence how people and their relative's improvement recommendations were acted upon.

People received effective care from staff who had received a detailed induction. Senior staff ensured staff were confident in providing support through training, observation and regular spot checks of their practice. People and their relatives were positive about the care provided.

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

Staff were responsive to the needs of each individual. They used a range of skills to aid communication and considered people's religious and cultural needs. Complaints and concerns were managed well and responded to in a timely way.

Staff told us the service was a good place to work as they were supported and encouraged to raise any concerns as people's needs changed. They felt the culture of the service was positive and everyone was working to provide good care.

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

Rating at last inspection

This service was registered with us on 20 May 2021. This is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

one inspector visited the service and an Expert by Experience made telephone calls to people and relatives off site, to gain their views about the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 07 February 2023 and ended on 14 February 2023. We visited the location's office on 07 February 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, senior staff, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 4 people's care records. We looked at 2 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks had been identified and plans put in place to support them. We found some instances where risk assessments did not always contain enough detail. For example, one person had a manual handling risk assessment, however it did not state how many staff members were required to support the person and what actions staff members should take. Staff we spoke with were aware of people's risk and how they should be supported safely.
- The nominated individual and registered manager acknowledged improvements could be made to the risk assessments and after our visit to the office sent us updated risk assessments and care records.
- The provider had a system in place to analyse any accidents and incidents, so trends were identified and learning from incidents took place.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.
- People and their relatives told us there were enough staff members to meet people's needs.
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service and relatives confirmed this. One relative said, "I think [name of service user] does feel safe with carers coming into their home."
- Staff understood their responsibilities to keep people safe. They gave examples of what to report and how to do this.
- The registered manager had safeguarding systems in place. They ensured staff received training and understood what to do to keep people safe from harm.

Using medicines safely

- Where people received support with their medicines, this was managed safely.
- Staff told us they had received medication training and had their competencies assessed during spot checks completed by managers.
- Staff completed medication administration records (MARS) to show what medicines they had administered.

Preventing and controlling infection

- Were assured staff were using personal protective equipment (PPE) effectively and safely.
- People and relatives, we spoke with confirmed staff wore correct PPE.
- Staff had received training in the use of PPE and followed the guidance set out in the provider's policy.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- These completed assessments were used to formulate a plan of care for each person. This provided staff with the information they needed to meet the person's needs and preferences.
- Staff received a full induction which included mandatory training and shadowing experienced staff before completing visits on their own.

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

- People were supported by staff to have enough to eat and drink to keep them healthy.
- One relative said, "Carers heat up [name of person] microwave meals and support them with cups of tea and glasses of water."
- Staff we spoke with knew people's food likes and dislikes and were aware of specific dietary needs and any risks associated with eating and drinking.

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

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs.
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.

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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was

working within the principles of the MCA.

- The service was not supporting anyone who was deprived of their liberty.
- The registered manager and staff understood the requirements under the Mental Capacity Act and the need for people to be given choice within the decision-making process unless they lacked capacity.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they did not always know the names of the carers providing support. One relative told us, "No the agency doesn't inform us who will be visiting us. Only the carer visiting for the morning sometimes can tell [name of person] who will be coming at lunchtime, which [name of service user] will forget as soon as they have been told. The agency should provide us with this information to help [name of service user] know who to expect". Another relative told us, "We do more or less know who is coming. I don't think we have a rota".
- We raised this issue with the nominated individual and registered manager. They both confirmed whenever possible they ensured people received a consistent care staff team and had recently recruited additional staff to support this. In addition, they would send information to people and their relatives explaining how they could access their care documents via an online portal and see the name details of the carers scheduled to provide support.
- People provided positive feedback regarding how carers supported them. One relative told us, "Carers are very kind and caring. One carer always greets my [name of service user] with a smile and always enables them to do things for themselves".
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job, I have an opportunity to make a difference in someone's life".
- Staff had received training in Equality and Diversity. The registered manager gave examples of how they had worked to ensure people had equal access to opportunities and were not discriminated against. Staff knew people's history and their likes and dislikes and used this knowledge to support the person.
- Staff gave examples of how they treated people with dignity and respect for example using curtains and towels to promote their privacy during personal care. One staff member said, "I always ensure people are treated with dignity and respect, such as making sure curtains and doors are closed."

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

- Care plans were in place and had been developed with the support of people and their families. Meetings of people's care were held where people and their family were involved in making decisions.
- People stated that they had been informed of any operational changes and asked for their views.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported by staff who knew and understood their needs. People told us they had built good relationships with staff and staff were aware of their likes and dislikes.
- Staff gave us examples showing how they had contributed to people's risk care planning For example, this where people required additional care because their mobility needs changed.
- The provider had recruited enough staff so that people had continuity of care from staff to help them in the way they preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the AIS standards and people's specific communication needs were detailed in their care records.
- Staff were able to explain how they communicated effectively with people.
- Information was available in different formats such as easy read.

Improving care quality in response to complaints or concerns

- People told us they were happy with all aspects of the service. They told us they would be confident speaking with the management team if there was something, they were not happy about. However, they had not needed to do this.
- The provider had policies in place to respond to concerns or complaints.
- Compliments were used to identify what worked well.

End of life care and support

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not always have good oversight of the service. This included ensuring care records contained sufficient information to ensure people received appropriate care. For example, the risk assessment of one person who was at risk of having seizures did not have detailed instructions for staff members to take when the person individual was having a seizure, for example putting them in a recovery position. The provider used an electronic system for auditing, but this did not have enough detail to support quality improvement. However the registered manager was in regular contact with people receiving care and ensured staff were observed so they knew good care was being provided.
- People and relatives had been given the opportunity to feedback on the quality of the service via structured feedback calls and visits, these were conducted every 3 months. The majority of the responses were positive however, some people had made suggestions for improvement. The provider could not always evidence action had been taken following the feedback they had received. For example, one feedback form had a recorded comment, to improve the service, please office needs to inform if someone is late'. Another feedback form had a recorded comment stating 'More training for staff and more communication'. There was no recorded evidence these issues had been explored and addressed. The nominated individual and registered manager confirmed changes would be made to feedback documentation to record how recommendations have been addressed and used to improve the quality of the service.
- The nominated individual and registered manager acknowledged the areas CQC identified needed improvement and was keen to address these and develop systems for ongoing improvement.
- Staff told us they felt well-supported by the registered manager and the provider. Staff told us they were clear about their responsibilities and also received positive feedback when things went well.
- The registered manager understood their role and responsibilities to inform CQC when key events happened within the service.

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

- The management team and staff demonstrated a commitment to people and they displayed strong person-centred values.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.

- Staff meetings were held and detailed records of the meeting were available.
 - The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.
- 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
- The provider had notified us, as legally required of significant incidents which had happened in the service. The management team told us they understood their responsibility to be open and honest when things go wrong.
 - There was a strong emphasis during the inspection on communicating and sharing information in an open and transparent way.
 - The registered manager monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks and formal meetings.

Continuous learning and improving care

- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this.
- The nominated individual and registered manager encouraged and supported staff to develop their skills and knowledge to support their progression.

Working in partnership with others;

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.