

Freedom Support Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	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

Freedom Support is a domiciliary care service which is registered to provide personal care to people living in their own homes. 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

Relatives told us people were safe and staff treated their relatives well. People's known risks were assessed and managed to reduce the risk of avoidable harm. Staff knew how to keep people safe and how to report any concerns relating to people's safety. Staff had good knowledge of people's preference and used these to support people safely.

Medicines were managed safely and people received their medicines when needed.

Staff received an induction and ongoing training and felt supported by the registered manager. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access healthcare services when required.

People were supported by a caring and consistent staff team who supported them to maintain their independence and dignity.

People and their relatives were involved in the planning and review of their care. Staff used care plans to ensure people received care in line with their preferences. People and relatives knew how to raise a concern if needed.

The registered manager had systems in place to monitor the service and to ensure lessons were learnt when things went wrong.

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 10 June 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 reinspection 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 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 ●

Freedom Support Ltd

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 carried out by one inspector and an Expert by Experience (ExE). 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. At the time of the inspection there were 22 people receiving a regulated service.

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 we needed to get people's contact details and plan calls to them, with their consent.

Inspection activity took place on 09 and 11 December 2019. The ExE made telephone calls to people and relatives to gain feedback about the service on 09 December and inspection activity concluded on 11 December. We visited the office location to see the registered manager, office staff and carers visiting the office. We also reviewed care records, policies and procedures and quality assurance records.

What we did

We used the information we held about the service to plan our inspection. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding incidents that had occurred at the service.

We spoke with seven relatives to gain their experiences of the service provided to their family members. We spoke with three carers, the service manager and the registered manager.

We viewed four people's care records to confirm what relatives and staff had told us. We also looked at various documentation in regard to staff training, recruitment and records kept by the registered manager that showed how the quality of the service was monitored.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were kept safe when receiving support from their carers. Relative comments included, "Staff watch her closely and yes she's very safe with them and had no issues." and "Freedom Support ensure he is safely looked after," and "I have complete confidence in them safely looking after him."
- Staff knew how to recognise potential signs of abuse and how to raise any concerns as they had received training in safeguarding procedures. One staff member said, "We've had training about how we might spot signs of any abuse and know what we need to do if we do."
- The registered manager had notified CQC and the relevant local authority when required in relation to safeguarding issues.

Assessing risk, safety monitoring and management

- People were supported by staff that had a good knowledge of people's individual risks and knew how to manage these risks safely.
- Risk assessments were in place and reviewed regularly to ensure staff had up to date information to protect people from harm and keep them safe. For example, there were risk assessments for people who had mobility problems, experienced seizures or required specialised equipment to support their health.

Staffing and recruitment

- Relatives said that they felt staffing levels were ok and staff usually got to them on time. One relative said, "They turn up on time but can get delayed in traffic, but if that happens they call me and they never leave early when they get here." Staff also told us they felt there were enough of them. One staff member said, "I think there's enough staff and we get time travel time put into rotas so we have enough time to get to next call."
- We looked at recruitment files for staff and they had been recruited safely. The provider had carried out appropriate checks on staff, including gaining references from previous employers and disclosure and barring checks (DBS) to ensure staff were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as required with one relative telling us, "[Name] has his meds and staff see to that for him, and they do this very safely."
- Systems were in place to manage medicines safely and the registered manager completed regular checks to ensure people received their medicines safely and on time.

Preventing and controlling infection

- People were protected from the risk of cross infection as staff used personal protective equipment (PPE) such as gloves and aprons to reduce the risk of infection. One relative said, "Staff always have gloves on."
- Staff told us and records confirmed that they received training to help reduce the risk of infection. One carer told us, "We get training for infection control and we get spot checks to make sure we're doing the job right and wearing gloves and aprons when we should be."

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people they supported.
- The registered manager had a system in place to monitor these and limit the chance of reoccurrence in 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 our last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Prior to receiving support, people's needs and preferences were assessed to ensure these could be met. People and their relatives were involved in these assessments and these were used to develop care plans.
- Care plans reflected people's needs and preferences and included clear guidance for staff to follow. For example, one person could sometimes display distressed behaviours and there were clear steps for staff to follow at these times in people's preferred communication methods.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff were trained and supported their family members well and training records confirmed this. One relative told us, "Yes the carers are brilliant. Well trained and meet all his complex needs very competently." And another said, "Training and skills have been brilliant. I cannot speak highly enough about this."
- Staff told us they felt supported in their jobs and received supervision. One staff member said, "I got supervisions weekly I think when I first started to check I was doing ok, and I still get them regularly and we talk through anything I might be struggling with or what's gone well."
- Staff told us, and records confirmed that specific training was sought when a person had a specific health or support need such as diabetes or behaviour that maybe of concern training.

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

- Where people were supported to eat and drink their relatives told us how staff helped their family members to maintain a healthy diet.
- People's specific dietary needs were known by staff and recorded in care plans. Staff followed the guidance to ensure people's meals were prepared in the correct way and support was offered so people could eat safely. One relative saying, "Yes their food has to be cut up small and a carer will sit and use a spoon to feed them."

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

- All relatives we spoke with told us they were responsible for their family members' health appointments, but told us staff would raise any health issues with them.
- Staff told us if they felt a person was becoming unwell or they noticed a change in a person's health, they would immediately contact a family member and the office staff to report this. This meant the person could be seen promptly by a medical professional if needed.
- Support has been provided when service users have been admitted to hospital to ensure the persons

needs are met during their stay.

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.

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 and found that it was.

- All relatives we spoke with said staff asked their relative for their consent prior to receiving any support.
- Assessments of people's capacity to make decisions had been carried out, and where people were not able to consent to their care or make complex decisions this had been recorded and followed by staff to help support people.

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. 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

- Relatives told us staff were kind and caring towards their family members. Relatives' comments included, "All exceptionally caring and kind, all carers are so excellent and [name] loves them and gets on well with all of them." And, "Carers are brilliant. All of them are exceptionally kind and caring with [name]."
- Staff had good knowledge of people's preferences and were aware of people's religious or social needs. One staff member said, "The care plans have information about what people need and tells us about their religion and other preferences so we can support them properly."

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

- Where people were able to make day to day decisions these were documented and staff were able to tell us about these, with one staff member telling us, "If you give people some help they can make decisions for themselves, like where they want to go or what they want to eat."
- Staff told us the ways in which they supported people to make decisions. One staff member said, "You just explain to them in a way you know works for them, for some people showing them things is best way but for others you'd need to explain slowly."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff respected their family members' privacy and dignity. One relative said, "Staff wait outside the door, most respectful they are," when people received personal care.
- Relatives explained how staff helped their family members maintain their independence by assisting them to use electronic devices to help with communication, and the individual ways they supported their family members with daily care tasks and eating.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that were personalised and gave staff information to enable them to support people in line with their preferences.
- A relative told us staff had a good understanding of the support their family member needed. They said, "The carers need to be highly skilled and they display excellent skills when carrying out personal care and are very understanding of [person's] care needs."
- Staff had a good understanding of people's preferences and were able to tell us in detail what these were and how they were able to support people. Care plans reflected what staff told us.

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.

- The provider met the Accessible Information Standard. Information was available to people in different formats such as large print. The registered manager told us people's communication needs were assessed prior to receiving support, or people could request documents in different formats if they felt they needed them. We also saw a personalised recording document had been developed for a staff member with diverse 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

- Freedom Support provides support to some people for longer than one hour therefore activities and support to access the community is part of the packages for many of the people they support. This includes staff working late or early mornings to accommodate going to nightclubs or attending concerts.
- Staff told us and records showed that people were supported to maintain relationships and partake in hobbies. Examples included people being supported to go on holiday, sometimes at short notice; one person being supported to visit a boyfriend on public transport and another person to attend a wedding.
- A day service is also provided for service users that wish to partake in activities or pursue daily living skills. This is also used for various celebrations throughout the year such as Christmas and summer fayres.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a complaint but had never needed to and found most things could be sorted with the staff member at the time, or with a call to the administration team in the office if it was regarding a late call time.
- There was a system in place to handle any complaints, and the registered manager ensured any issues

were managed in line with their policies.

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.

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

- Relatives told us they would recommend Freedom Support to others. Comments included, "Very good, I would recommend to others" and "The support they provide takes the pressure off me."
- Staff told us that they felt supported by the registered manager and management team. One staff member told us, "We get lots of support here, from the other team members and the manager. Our training is kept up to date and we can always ask for more or support with anything I might not be so sure of." Another staff member said, "I haven't been here very long but I'm so impressed with it here, the organisation is very accommodating and it's like a family and that can only be a good thing for the people we support as well."

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 registered manager understood the duty of candour and we saw where things had gone wrong it had been managed in an open way, with all relevant parties involved being informed.
- The registered manager told us, "I like to think we're always honest when things go wrong, no company is perfect and we just want to learn from any mistakes so they don't happen again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff understood their roles and responsibilities. The registered manager conducted various audits which included medicines records, and care files to monitor the quality of the service. Where any errors were found, we saw action had been taken to try to prevent reoccurrence.
- CQC had been notified of any incidents of concern or safeguarding incidents as required.
- The previous CQC inspection rating was displayed in the office and the website. This is important as it allows the people, relatives and the public to know how the service is performing.
- The management informed us that they had made some changes to improve the services they offer to people, for example the office hours have been increased to provide flexibility to service users and staff, and funding had been provided for the National Autistic Society for a weekly soft play session. They also told us plans for the future which included providing meetings for service users and relatives, increasing activities and events that take place during the evenings and also are in the process of purchasing a caravan that is specially adapted for people with disabilities so they can go on holiday with support from carers or with their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- Relatives told us and records confirmed that regular quality assurance phone calls and surveys took place to check people and relatives were happy with the service they were receiving and if there were any issues. One relative told us, "Yes, we've had surveys sent to us and I've filled them in."
- Staff told us they were encouraged to raise any concerns or problems, with one staff member saying, "We have staff meetings and supervisions and are always asked if we are ok and if we have anything we need to raise either in a group or privately. I wouldn't have any issue raising something if I had to as I know it would get dealt with."
- People completed feedback questionnaires periodically and these were analysed for any areas of improvement.
- The service offer their offices for use by the National Autistic society as their previous meeting venue was cancelled at short notice and regular meetings now take place at the offices.