

Freedom Care Limited

26 Brookside Avenue

Inspection report

26 Brookside Avenue
East Leake
Loughborough
Leicestershire
LE12 6PA

Tel: 01509 559502

Website: www.freedomcare.org

Date of inspection visit: 4 February 2015

Date of publication: 10/06/2015

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 

Overall summary

We carried out our inspection on 4 February 2015. The inspection was announced. We gave 48 hours' notice of the inspection because the service is small and the manager was often out of the office supporting staff or providing care. We needed to be sure they would be in.

The service provides accommodation for up to three people who require nursing or personal care. The service specialises in care for younger people with learning

difficulties and autistic spectrum disorder. It is located in a residential area in East Leake, a village near Loughborough in Leicestershire. At the time of our inspection one person was using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff understood and put into practice the provider's procedures for safeguarding people from abuse and avoidable harm. They advised people using the service about how to keep safe in the home and when they were out enjoying activities. People knew how to raise concerns. The provider had enough suitably skilled staff to be able to meet the needs of people using the service. Staff prompted people to take their own medicines and had effective procedures for reminding people to take their medicines when they were not at 26 Brookside Avenue.

People using the service were supported by staff who had received relevant and appropriate training. This meant staff understood the needs of people they supported. Staff were supported through effective supervision and training. Staff understood the relevance to their work of the Mental Capacity Act 2005. They knew how to seek people's consent before they provided care and support.

Staff supported people with their nutritional needs by providing information about balanced diets and healthy eating. They supported people to prepare their own meals. People were supported to access the relevant health services when they needed to.

People using the service told us that staff were considerate and caring. The provider had matched people's needs with the skills and knowledge of care workers. That was particularly the case in terms of activities that people enjoyed. People were able to enjoy a variety of sports and recreation because care workers played an active participatory role in them. People were supported by care workers who understood their needs. People were involved in the assessments of their needs and in reviews of their plan of care. People were provided with information about their care and support options and were involved in decisions about their care and support. Care workers respected people's privacy and dignity.

People's plans of care were centred on their specific needs. Those plans had agreed aims and objectives which care workers helped people to achieve. People knew how to raise concerns if they needed to. The person we spoke with were very pleased with the care and support they had experienced.

The provider had aims and objectives that were understood by staff and the person using the service. They had effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

Summary of findings

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.

Staff supported people to understand how they could stay safe. They encouraged them to be as independent as possible and to make informed decisions about activities that carried risk of harm or injury. Staffing levels were based on people's needs and the provider deployed enough staff to ensure that people's needs were met in full.

Good



Is the service effective?

The service was effective.

Staff had received relevant training and development to be able to meet the needs of people using the service. People were supported to maintain their health and access health services when they needed to.

Good



Is the service caring?

The service was caring.

Staff understood people's needs and developed caring and supportive relationships with people. People were encouraged to express their views and be involved in the planning and delivery of their care.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their individual needs. Staff supported people to lead active lives based around their hobbies and interests. The provider sought people's views and acted upon their views.

Good



Is the service well-led?

The service was well led.

People's views and experience were used to improve the service and staff were involved in developing the service. The provider had effective procedures for monitoring and assessing the quality of the service.

Good



26 Brookside Avenue

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.

The inspection took place on 1 December 2014. The inspection was announced. We gave 48 hours notice of the inspection because the service is small and the manager was often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete 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 also looked at information we held about the service.

We spoke with the person using the service at the time of our inspection. We spoke with the registered manager, deputy manager and a care worker. We looked at the care records of the person using the service and others who had used the service before our inspection, information about training that staff had attended and documentation from the provider's quality monitoring processes.

Is the service safe?

Our findings

The person using the service told us they felt safe. They told us, “I’m happy here. It’s nice and quiet. I’m really happy with the staff.”

An important contributing factor to ensuring safety of people was that staff received training that helped them understand the needs and behaviours of people using the service. We saw from how staff interacted with them that they had a thorough understanding of the person’s needs and personality. They encouraged their independence by allowing them to carry out discretely supervised activities that encouraged their independence and lifestyle choices. We saw from records of people who previously used the service they had been supported in a similar way.

All staff had received relevant and appropriate training about safeguarding people and protecting them from harm. Staff had a comprehensive understanding and awareness of abuse which meant they were able to recognise signs of abuse or potential abuse and report it. Staff understood and effectively operated the provider’s safeguarding and risk management procedures. Staff knew how to identify and respond to signs of abuse. Staff told us that they were confident about raising concerns about people’s safety because they were confident that their concerns would be taken seriously and acted upon. The person using the service told us that staff listened to them when they shared concerns about things that bothered them. They told us, “Staff listen to me.”

Staff supported people to understand how to keep safe when they went out alone. Staff had done that by teaching the person using the service about safety in a way that increased their awareness of risks posed by people in the wider community. For example, staff supported them to recognise risks from people not known to them which was an important part of supporting people with autism. All these factors contributed to the person’s safety and independence.

The person’s plan of care included assessments of risks associated with people’s care routines, lifestyle and activities. It was clear from those risk assessments and what the person told us about activities they enjoyed, that

the provider was not risk averse. This meant that the person was supported to participate in a wide range of activities they enjoyed even where they carried risk of injury. Risk assessments were in place to minimise the risk.

The provider had ensured that the person using the service was supported by staff that had the skills, experience, interests and knowledge that matched the person’s needs. For example, the person using the service was able to go swimming or cycling because they were supported by staff that also enjoyed those activities. This protected people from risks associated with those activities because staff were aware of those risks and showed people how to avoid them. We saw from records of people who previously used the service that staff had encouraged and supported them to lead as active a life as they wanted.

The provider had effective procedures for reporting and investigating accidents and incidents. We saw that reports of both had been thoroughly investigated and where necessary, people’s risk assessments had been reviewed. Staff we spoke with told us they were absolutely confident that any concerns they raised would be taken seriously and acted upon. Staff knew how they could report concerns through the provider’s whistleblowing procedures or to external agencies including the local authority and us.

The provider operated effective recruitment procedures that ensured that all required pre-employment checks were carried out before new recruits joined the service. This ensured as far as possible that only people who were suitable to work in the service were employed. Staffing levels were based on the needs of the person using the service. This meant that the person using the service was able to take part in activities when they wanted because enough staff were available to support them to do that. Although the service was registered to provide support for up to three people, the provider had decided that a maximum of two people would be supported in future. We were told staffing levels would be reviewed when a second person joined the service. The provider had sufficient numbers of suitably skilled and experienced staff to be able to do that.

The person using the service and staff understood the benefits of medicines that had been prescribed. Medicines included ‘as required’ medicines (called PRN medications)

Is the service safe?

which are prescribed to be given when a person needs them, for example for pain relief. When staff gave the person PRNs the reasons for doing so were recorded. This meant that PRNs were given as prescribed.

All staff had training in medicines administration. They prompted the person using the service to take their medicines and maintained accurate records of this. On occasions people were away from the service, for example

when they visited family for a few days, staff ensured that people took a sufficient supply of medicines with them. Relatives had been shown by staff how to complete medicines administration records, including how to record if a person had not taken their medicine. The provider had effective arrangements for the safe storage of medicines and disposal of medicines that were no longer required.

Is the service effective?

Our findings

The person using the service was supported by staff that had the appropriate skills and knowledge. To be able to meet their needs. We saw from care records of people who no longer used the service that they too were supported by staff with the appropriate skills and knowledge.

Staff we spoke with felt that they had received good training. A care worker told us, "I've had plenty of training that has equipped me to be able to support [person using service]." The provider had ensured that staff had training about autism and how to care for and support people with the condition. We saw from care records how staff had put that training into practice. For example, we saw how staff provided people with enough information to be able to make informed choices and decisions. Our observations on the day of our inspection were that staff provided care and support that reflected best practice and research about autism. They took part in meaningful conversation that helped staff to identify a person's immediate and short term needs. Training records seen demonstrated that the training staff received had been matched to the needs of people who used the service in the past.

Staff told us they felt well supported. A care worker told us, "I feel well supported. There is always someone to go to for advice if necessary." Many staff employed by the provider had specialist qualifications and several years of relevant experience which meant there were always people available for staff to contact if they needed. We saw from records that staff were supported through regular appraisal meetings with their manager, team meetings and being able to contact their manager at any time they needed. The provider supported staff if they wanted to take further studies and progress their careers in social care.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. A person should only be deprived of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and correct way. Staff we spoke with had good awareness of MCA and DoLS. At the time of our inspection no person using the service was under any restriction.

Assessments of people's capacity to make a variety of decisions were made. Staff provided people with information that helped them make informed decisions about things that affected their lives, for example decisions about spending money. Staff understood that people's decisions had to be respected.

Staff supported the person using the service to have enough to eat and drink and have a balanced diet. Staff supported them to make their own meals if they were able. We saw that a person had a very good awareness of healthy nutrition. Staff had promoted a '5 a day' of vegetable and fruit. The person made their own meals using fresh ingredients. The meals they made were varied and healthy. Staff helped the person with their food shopping.

We saw from records we looked at that staff supported people to access health services when they needed. This included support with attending appointments with dentists, opticians and medical centres as well as a variety of specialist health services.

Is the service caring?

Our findings

Staff had caring relationships with people because they had a thorough understanding of people's needs and personalities. People's plans of care were very detailed and explained how people needed to be supported. We saw that all staff had read the plans of care which had equipped them with the information they needed to be able to understand and support people. Staff supplemented that knowledge with information they obtained from people through everyday dialogue and observation. The person using the service told us, "Staff are very friendly, they are like friends. I'm really happy with the staff. I enjoy a good laugh with them and they are really helpful." We saw that staff interacted with a person in a friendly and caring manner. They did so whilst maintaining their professionalism.

The provider made the person using the service feel they mattered, by ensuring staff supported them in a way they wanted to be supported. The person using the service told us, "The staff support me the way I want." Daily records of how the person had been supported provided us with a strong assurance that staff had involved the person in decisions about how they were supported. Staff understood what the person wanted to achieve and helped them do that. For example, the person using the service enjoyed sports. Staff supported them to participate in sports and they had graduated to a level where they represented the UK. We saw from records of people who no

longer used the service that staff supported them with their emotional and social needs. They provided people with circumstances where they could develop friendships with people that mattered to them. For example, people were allowed to invite friends to visit them at 26 Brookside Avenue.

The provider regularly sought the views of people using the service and involved them in decisions about their care and support. People's plans of care were regularly reviewed and updated. The person using the service told us, "I'm asked for my views. Staff listen to me." Staff acted upon what they had said about things they wanted to do. We looked at records that related to people who had used the service but had moved to other locations managed by the provider. We saw that these people's views and preferences had been respected and acted upon.

The provider promoted people's dignity, respect and privacy through staff training and support and policies and procedures. Staff we spoke with understood what those three things were and described how they practised them. Staff respected people's privacy and dignity. They didn't enter a person's room without being invited to. Staff did not disturb a person's privacy. They referred to the person by their preferred name. We saw that their room was furnished and decorated to their taste which made their room a comfortable place where they enjoyed their privacy. The person using the service was able to receive and entertain visitors without any undue restrictions.

Is the service responsive?

Our findings

The person using the service told us they had contributed to the planning of their care and support. Their plan of care included evidence that they had been actively involved in doing that. Their involvement was effective because staff had a very good understanding of the things the person wanted to do. Staff contributed effectively to the planning because they understood about the person's hobbies and interests. A care worker told us, "We motivate [person] to go out and we teach skills they can use in the community." The person told us, "I enjoy what I do. The staff encourage and motivate me. They involve me." Consequently, the person took part in activities that helped them continually develop skills that increased their independence.

Plans of care of the person using the service were detailed. They included lots of information for staff about the person's interests and hobbies and what they wanted to achieve. Staff used that information to very good effect. They had supported the person to do many things by themselves. We saw, for example, that the person cleaned their room and other areas of the home. They made their own meal using cooking skills. They'd made a cake for themselves and staff to share. They went out to a local shop by themselves. We saw lots of evidence of sporting activities the person had enjoyed.

Staff had supported the person to develop practical skills too. They helped decorate the home and maintain the garden. Staff also helped the person develop social skills. For example, staff had supported the person to maintain relationships with people that mattered to them. They were able to receive visits from those people and visit them when they wanted.

We looked at records associated with other people who had used the service before moving to other locations run by the provider. We saw that those people had been supported in similar ways. Changes were made to how care and support were delivered. For example, a person had transferred to another service run by the provider because a person thought it was more suited to their needs.

From talking with staff, looking at records and speaking with the person who used the service it was evident that people received care and support that was centred on them. Care and support had been planned in a way that helped people increase their independence.

Plans of care were regularly reviewed with direct involvement of people using the service. Care and support had been modified in line with people's changing needs. When people required support of specialist health services the provider ensured the support was arranged.

People using the service knew how to make complaints or raise concerns using the provider's complaints procedure. We saw that people who no longer used the service had raised concerns and suggestions that had been acted upon by the provider. Information about the complaints procedure was included in people's information packs about the service. The information was available in an easy to read format. People were able to report concerns to staff, the provider or, if they wanted, to the local government ombudsman. People were supported to access independent advocacy services if they wanted help with making a complaint. We saw that when complaints had been made they had been thoroughly investigated and acted upon.

Is the service well-led?

Our findings

The provider had policies and procedures that promoted openness and encouraged staff and people using the service to raise concerns or question practice. We saw evidence that the provider had acted on concerns of a person who had used the service and had changed the way care was delivered.

People using the service were involved in decisions about how the service was run. They had been involved in a very important decision to reduce the number of people from using the service from a maximum of three to two. This had a positive impact because it made 26 Brookside Avenue a place that people felt was their home. It also made the location one where people could more easily develop and learn everyday living skills, such as cooking and household cleaning which increased people's independence. Staff involving people also made it easier for people to have a sense of belonging and responsibility for contributing to the running of the service.

The person using the service and people who had previously used the service were encouraged to express their views at regular meetings they had with staff to discuss their care and support. They told us, "I'm asked for my views and they [staff] listen to me." We saw that people's views had been noted in care records and these had been acted upon. For example, staff supported people in different ways with recreational, sporting and social activities.

The provider had ensured that people were supported by staff with the necessary skills and training. Staff were supported by qualified and experienced managers who provided leadership. A care worker told us, "I feel well supported." The registered manager or a deputy was always on duty on on-call. This meant that care workers always had a person with specialist knowledge and expertise to seek advice from if needed.

Senior managers, the registered manager, seniors and staff kept up to date with current good practice about supporting people with autism. This was reflected by the

wide range of recreational and social activities that were organised and links with organisations specialising in autism. Developments in research were discussed at staff meetings and implemented were appropriate.

The provider had strong links with the community. In 2015 they linked up with a well-known charity to support the charity through fund raising events involving people who lived at 26 Brookside Avenue. The charity described the provider's efforts as "awe inspiring". The previous year the provider had similar links with another charity they supported through fundraising by people using the service.

The provider had procedures for reporting all accidents and incidents which occurred at the service or when people using the service were away participating in activities. Reports were investigated and analysed. We saw that people's risk assessments were reviewed and updated when necessary. Staff were informed of the outcome of investigations. People involved in incidents were provided with support to help them in future situations where they would be exposed to similar situations.

There were effective quality assurance systems in place to monitor the quality of the service. These included regular scheduled checks of the safety of the building and environment, checks of plans of care and care records and observation of staff care practice. The directors and management team had a plan for making improvements in the next 12 months. This demonstrated the provider had a culture of continuous improvement in the quality of care provided.

Quality of care and support was monitored through observation of staff and regular staff appraisal. The provider also sought feedback from people using the service about what they thought of the quality of care and support they received. People's views were sought through regular meetings but also through a survey that took place every eight months. The survey asked people whether they felt involved, whether they had choices, knew how to complain and what they felt about the staff. The results of the surveys showed that people were satisfied with the care and support they experienced.