

Freetime Care Services Limited

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Inspection report

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Date of inspection visit:
18 February 2016

Date of publication:
29 June 2016

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 18 February 2016 and was announced. The provider was given 48 hours' notice because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Freetime Care Services Limited provides personal care and support for people with learning disabilities who live in their own homes. At the time of our inspection two people received care and support. Some people had autism and needed support with their complex needs and behaviour. The services to people varied from daily support in their home to providing respite support in their own home.

CQC regulates the personal care activity that Freetime Care Services Limited provides to people in their own home. This report relates only to these activities and not the day care provision provided from this location.

At the last inspection in July 2014 the service was meeting the regulations that we looked at.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had been trained and understood their role and responsibilities in protecting people from harm or abuse. The safety of people who used the service was taken seriously. Risks to people's safety and wellbeing were identified and addressed.

Staff were recruited in a safe way and there were enough trained and experienced staff to support people and meet their needs in a personalised manner. The management team monitored staffing levels and provided enough staff to support people safely in their own home. There was an effective out of hour's support system for staff from the management team to ensure people's well-being.

Staff were not required to support people with their medicines on a regularly basis. We saw staff had been trained in medicine management and that policies and procedures were in place and checks were undertaken to ensure staff practiced in a safe way.

We found staff had excellent access to training to meet people's individual and sometimes complex needs. People had consistency and continuity from staff who had been matched with them. External professionals told us that they were highly impressed with the training and competencies of staff.

There was a proactive support system in place for staff. The registered manager had created a clear structure so that staff received regular supervision as well as 'team' opportunities to reflect on their practice.

Staff felt extremely well supported and there was a system for recognising and awarding staff for their performance.

People were supported to understand information about their care and support. People's preferred methods of communication had been considered and they were involved in identifying their needs and how they would like to be supported.

People's consent to care and support was sought and respected. We saw people were encouraged to make their own decisions and staff understood the need to seek their consent.

People were supported by staff who understood their particular eating routines and the importance of maintaining a healthy diet. People maintained control over their own health care needs with the support of their relatives. There were excellent links with healthcare professionals and we saw staff sought professional advice so that people experienced good health outcomes that promoted their wellbeing.

People were supported by staff who knew them well were kind and encouraged them to remain living in their homes. People were actively involved in planning their care and in providing feedback on the service. Staff understood and promoted people's privacy and dignity when delivering personal care in their home.

There was an excellent understanding of the importance of putting people first. Staff were responsive to people's specific needs and the service was organised around people's preferences. We received some outstanding feedback from relatives and professionals who described the service as unique.

People were very complimentary about the management approach and attitude of the registered manager. The registered manager had used their knowledge about the needs of people using the service to tailor the support to people in their own home. Staff had an excellent understanding of people's diversity and had been innovative in gaining people's trust so that people could accept support in their own homes.

The structures in place enabled the registered manager to deliver the support people wanted and needed. Quality monitoring systems were effective and checks were completed to ensure improvements were identified and actioned. People using the service, their relatives and staff were actively encouraged to contribute to the evaluation of the service and make recommendations for improvement. There was a consistently high level of positive feedback from people who used the service. People felt they received consistent personalised care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from the risk of harm or abuse by staff who had been trained in safeguarding people from abuse. Risks to people's safety had been identified and staff managed situations in a positive way when people displayed behaviour that challenged them.

People were supported by sufficient numbers of trained staff to meet their diverse needs within their own home. Staff had been safely recruited and the relevant pre-employment checks had been completed.

Staff had received training to manage people's medicines safely.

Is the service effective?

Good 

The service was effective.

People were supported by a team of well trained staff who had the skills and competencies to manage their complex needs. A matching process ensured people were cared for by compatible staff.

Proactive working with external organisations and opportunities to reflect on practice ensured staff followed best practice.

People were supported to make decisions about their care and staff worked to promote their choices.

Links with health care services resulting in people having the support they needed.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind, patient and encouraging.

People's dignity and privacy was protected. Staff were respectful

when delivering care.

Staff understood people's preferred communication methods and involved them in the planning of their care.

Is the service responsive?

Outstanding 

The service was responsive.

Staff had an excellent understanding of how people wanted to be supported so that care was organised around people's individual needs and preferences. They had evolved their practice and sustained improvements so that people benefitted from a personalised service in their own home.

People had only complimentary comments to make about the service.

Is the service well-led?

Good 

The service was well led.

The culture of the service was person-centred. The registered manager had put people first when creating the structures necessary in providing an effective and responsive service. Staff were highly motivated and complimentary about the management approach.

The registered manager was committed to continuous improvement and actively engaged with other organisations to support care provision.

People were regularly asked about their experiences of the service and said they consistently experienced high quality care and support.

Freetime Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was conducted by one inspector.

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. The form was completed and returned so we were able to take information into account when we planned our inspection.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We visited the provider's office location and spent time with the registered manager and three staff. After the visit we spoke with two people's relatives by telephone as people using the service were unable to talk to us about their care. We also spoke with a psychologist by telephone.

We looked at a range of records including two people's care files and risk assessments, two staff files and recruitment records and staff training records. We looked at information about the management of the service to include quality assurance audits and complaints processes. We looked at the provider's procedures and storage facilities for the receipt of people's medicines in the event they were brought into

the office. CQC regulates the personal care activity that Freetime Care Services Limited provides to people in their own home. We do not regulate the day care provision provided from this location, although we looked at how the provider had managed risks across both the services.

Is the service safe?

Our findings

Family members told us they had no concerns about their relative's safety. One family member said, "The staff are trained and I have no concerns about [name of person's] safety". Another family member told us, "Staff know [name of person] well, we have a core team working in our home and they are fully aware of how to keep [name of person] safe".

Staff had a good understanding of protecting people from harm and knew the procedure for reporting any concerns if they suspected someone was at risk of harm. A staff member told us, "I did safeguarding training with the local authority and also we had it here [in-house] so that we know our responsibilities and how to recognise and report concerns." Training records we saw confirmed that staff had been trained to be able to identify and respond to abuse. In addition we saw new staff had completed the new Care Certificate as part of their induction which included safeguarding training. The provider had a company safeguarding policy in place which was shared with new staff so that everyone had a consistent approach to safeguarding.

There had been no safeguarding concerns at the service in the last 12 months. We saw the provider had looked at how they could promote people's safety. They had improved their transition assessment process; [where people are moving between one service and another]. This had ensured the handover of information between themselves and other organisations was recorded and identified any risks to the individual. The provider had provided additional training for all staff where risks were evident. A staff member told us, "We did food safety and nutrition training and we record what the person has eaten or drank, we also are more aware of picking up signs of potential choking". We saw that meetings had taken place to cascade information to staff and competency checks had been carried out to ensure staff worked in a safe manner.

We saw there was a clear process for identifying risks to people both in delivering their care and with regard to their home environment. A family member told us, "They [staff] looked at our home room by room. They checked we had smoke detectors and that areas such as the bathroom and kitchen were free of hazards". Families confirmed that they were involved in exploring risks and had seen and signed copies of the risk assessments. We saw risk management plans were in place for people who had specific health conditions, staff understood and managed these risks effectively, and were able to describe the actions to be taken to keep people safe. Relatives told us that they met with staff regularly in their own homes to review risk management and care plans and were happy with this process. We saw that staff transported people in the provider's vehicles and risk assessments were in place to ensure the suitability and servicing of the vehicle.

Our discussions with families, staff and the registered manager confirmed that staffing was determined by people's needs. We saw people were supported by a core group of staff who were matched to the person and had the training and skills to meet their complex needs. One family told us, "Consistency is important as is the skills of the staff. We have staff matched to us and this works superbly". Another family member told us, "The staff know [name of person] and they are friendly [name of person] is accepting of staff and they don't let us down". Staff we spoke with confirmed that people they supported had the numbers of staff they needed. One staff member said, "Rotas are prepared in advance, we know who is working with who". Another member of staff described the on-call arrangements to support staff if they needed this whilst in

people's homes. They said, "There is a very clear policy for on-call and back up and when I've needed it the managers are there".

People were protected by the providers' recruitment procedures. A recently recruited staff member told us, "I had to provide references, proof of identity, my employment history and a police check before I started work". We saw from staff files that relevant checks had been completed before staff worked unsupervised in people's homes which included a disclosure and barring check (DBS). DBS checks enable employers to reduce the risks of unsuitable people working with vulnerable people.

Staff were not required to support people with their medicines on a regularly basis. We saw staff had been trained in medicine management and that policies and procedures were in place. Staff told us competency checks and checks on medicine records were undertaken to ensure staff practiced in a safe way. One family told us that staff sometimes supported their relative with their medicines and that they did this safely.

Is the service effective?

Our findings

Relatives of people using the service told us they thought the service was very good at meeting people's complex needs. A relative told us, "The staff are great; they know how to support [name of person]". One relative told us, "There's an excellent structure so that [name of person] has staff who have the right training, competencies and personality to provide the support [name of person] needs".

Staff had specialised training to meet the complex needs of people. Autism awareness training had been highly promoted within the staff team and staff showed they had a good understanding of Autism and Asperger's. The provider had developed and trained a core team of staff specifically to enable them to work appropriately with a person and this had been sustained and developed in line with the person's needs over a three year period. Their relative told us, "They are very collaborative; have worked with us to look at specific training to support the needs of [name of person]. This has ensured staff have the skills and knowledge to manage very challenging situations". An external psychologist told us, "The staff have very good training and are competent in meeting the person's complex needs".

The provider had shaped their training to provide a workforce with the right skills and competences for the service provision. Staff had accredited training around specific low arousal techniques, [distracting and calming strategies] to manage behaviour that can be challenging. A staff member said, "The training is brilliant; we have done such a variety to meet the particular needs of people". We saw staff understood how to reduce the causes of people's distress or behaviour. There were effective contingency plans in place which included planning for situations that may affect the safety of people using the service. We saw that plans to support people with behaviour that challenges were personalised to the individual. A family member told us that staff were well trained in managing difficult situations within their home. A staff member confirmed that they had completed low arousal training and said, "We do not use restraint, we can walk or guide the person to redirect them, we can talk them down or if it escalates we have clear on-call support".

Staff had been provided with specialist training in dysphagia, [risk of choking], nutrition and hydration. This training was particularly relevant to a person they supported within their own home. A staff member told us, "It's had a good impact, we are more aware of the risks of swallowing objects". Another staff member told us, "We did nutrition and hydration training so that we are aware of the importance of recording what people eat or drink when we are supporting them". A relative told us, "It's a highly effective service; they understand the importance of having the right staff to support people. They have introduced staff into our home and if they are not compatible they have replaced them". A staff member told us, "When I was matched to a person I had additional training to meet that person's specific needs".

All staff had a development plan and training records showed a good proportion of staff had also been supported to complete varying levels of recognised qualifications. A staff member told us, "It's a proactive service, I have never worked anywhere before where they have such a commitment to meeting people's needs and actually do what they say they will do".

Staff had access to specialist advisors. The psychologist and psychiatrist had provided guidance on the importance of structure for one of the people and supporting them with their behaviour. Staff told us they worked closely with these professionals and utilised the guidance provided. The person's relative told us, "They [staff] have been amazing; transformed our lives".

All of the staff we spoke with told us they had an induction prior to working independently with people in their homes. The provider had introduced the Care Certificate to further enhance the skills and knowledge of new staff. The care certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. A newly recruited staff member told us, "I had a full induction which including training and shadowing other staff over a two week period". We saw staff were supervised closely throughout their induction period, and that checks had been made on their competency to ensure they worked with people in accordance with their support plan.

Staff had regular supervision with their line manager which provided them with the opportunity to discuss their needs and reflect on their practice and performance. We also saw that there was a clear structure in place for group supervisions and reflections. This had enabled the specified core team who worked with one person to meet regularly and discuss the persons' support needs and reflect on or amend the response. A staff member told us, "It's essential we are consistent in our approach so meeting and having support is key. We plan ahead; discuss routines and any incidents or events like a debriefing so that we get the support we need to do a good job". We spoke with an external psychologist who told us they were regularly involved in meetings in which staff reflected on their practices. They said, "This structure allows for staff to reflect on difficult issues and have coping mechanisms and get the support they need". We found there was a proactive support system in place for staff and that information was cascaded via meetings, training and written guidance so that people had an effective service in their home.

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. Application procedures for this type of service must be made to the Court of Protection. No applications had been made to the Court of Protection for the people using this service. The registered manager was aware of this process.

We saw that people were supported to express their choices and refuse or agree to the support offered. People were supported to understand information about their care and support. Their preferred methods of communication had been considered and communication aids such as pictures or symbols had ensured their choices were respected and their consent to care sought.

A relative told us, "Staff seek approval before they start any care tasks; they know the importance of continuity so although the routine doesn't change they always explain and wait for consent".

Relatives confirmed that people were supported in the way they wanted to be because their choices had been taken into account. A relative told us, "The decision to remain at home has provided [name] with choice and control". We saw that this approach had placed the person at the heart of their care in accordance with the principles of the MCA.

Staff supported one person with their meals on a monthly basis when they received respite care in their own home. The person's relative told us that staff knew what their relative liked to eat and drink and offered choices. They had no concerns about how the person's dietary needs were met and confirmed the support provided was in line with their support plan. Staff we spoke with understood the importance of the person's

likes and dislikes and the specifics around this. For example some people with autism can show distress if their particular eating routines are not followed or if their food is not presented in a specified way. Staff were aware this could impact on the person's dietary intake.

We saw that people maintained control over their own health care needs with the support of their relatives. A relative told us that the service worked with other health and care professionals to make sure their relative received the care they needed. An advanced support strategy was in place and had been agreed with a person's family and a health professional should their health deteriorate. This included on-call arrangements to support the person in an emergency; the behavioural psychologist and consultant psychiatrist had both signed up to this agreement to avoid unnecessary interventions for the person. The external psychologist told us, "The staff are very good at picking up the signs of deterioration. They actively consult with us and they take action to actively support good health outcomes that promote the person's wellbeing".

Is the service caring?

Our findings

Relatives told us that the people using the service were happy with the staff who supported them. A relative said, "[Name] loves the staff and I can see they genuinely care about [name]."

Relatives told us that staff supported people in a caring way; they were patient and understood the need to explain and go at the persons pace. One relative said, "They know [name] very well and follow the routines, if [name] gets upset or distressed they will reassure and comfort them". Relatives described a caring culture amongst the staff group. One relative said, "Staff from all levels are reliable, professional and committed to the people they support". Another relative told us, "They are very nice people, treat [name] lovely, speak to [name] nicely".

Staff told us they were encouraged to understand people's needs and preferences by reading their support plan before they worked with them. One staff told us, "I have been out today to support [name] for the first time. I shadowed another staff who told me the routine and I read the support plan". Another staff member told us, "I work in a dedicated team supporting one of the people, we spent a long time matching staff and ensuring staff understood the person's needs". We spoke with the registered manager who demonstrated that rotas were organised so that people received care from staff who were allocated to them. This ensured people had continuity and staff who understood their needs.

A relative told us that the relationship between staff and their family member was fundamental to the success of the support package. Staff told us that compatibility was a feature of their work, one staff said, "Relationships are important so that people trust us and allow us to provide their support". We saw that staff understood that positive relationships were integral to achieving positive outcomes for people.

Staff described people in positive terms demonstrating they respected and celebrated people's achievements. Staff knew and understood people's needs and how to support them. They provided examples of how they reassured people when they became distressed. We saw they knew how to calm, re direct and reduce people's distress.

Staff understood people's preferred communication methods. A relative confirmed that photographs of staff had been used to support a person to expect specific staff arriving at their home. A staff member told us, "We always communicate with the person and support their understanding, we have used different approaches with people sometimes symbols or objects of reference, some people used signing or gestures".

The registered manager told us in their provider information return [PIR] that they were part of the Dudley Total Communication Strategy. This aims to ensure people who use the service have the support they need to communicate their needs and wishes. We saw the registered manager had developed a 'talking book' in Arabic for one service user to enhance communication with the individual and their representative. People's support plans showed how people were supported with their communication and involved in decisions about their care.

People using the service had been involved in planning their care. A relative told us, "We have regular meetings to discuss the support and these are held in our house with [name] who also has a copy of their support plan". We saw from people's care plans they were supported to express their views and to be involved in making decisions about their care and support. For example one person's plan showed their preferred routines of how their personal care should be delivered.

Relatives told us that they advocated on behalf of their family member. The registered manager had information about advocacy services if people needed this. An advocate represents people's views about their care where they may be unable to do this independently.

Relatives told us that staff were respectful and polite when in their homes. They confirmed that staff protected people's dignity and privacy when delivering personal care. Staff told us about people's routines and we heard they shut doors and curtains and provided personal care to people in their own bedrooms away from family members. All of the staff had training during their induction in relation to dignity and respect. Staff told us that their practice and understanding was monitored through supervision and observation to ensure they promoted people's dignity, respect and privacy. The registered manager was an active member of Dudley Management Club and had delivered Dignity in Care training at a number of events.

Staff understood the importance of promoting people's independence and explained how they encouraged people to do things independently in relation to their personal care. We saw in people's support plans that aspects of their care were identified where they could manage this independently. Staff we spoke with could describe what people could do for themselves and how they encouraged this.

Is the service responsive?

Our findings

Relatives told us the service was very responsive to people's individual and complex needs. One relative said, "They have actively listened to us and our experiences have been fully taken into account". We also heard that, "We have a very personalised bespoke service which has been designed to support our relative to remain living in their own home".

We saw that a detailed assessment of people's individual needs was undertaken. There was documentary evidence that people had been fully involved in this process. We saw the support they received was planned proactively in partnership with them. A relative told us, "It is a very collaborative approach they listen and assess and the support plan has evolved in response to meeting [name]'s needs". We saw that the person's personal history had been taken into account; the provider had adapted the way they provided support to the person based on their past history to ensure the person had a more positive experience of care.

It was evident that a holistic approach to developing support was taken. With the involvement from the family and health professionals who supported one of the people using the service, a personalised model of support was developed. This included allocating a specific core team of staff to support the person; staff who had been introduced and accepted by the person and who had specific training in autism and managing behaviour that challenges. We saw their support plan was detailed and included all their routines, preferences and how to recognise what was important to the person. This was particularly relevant as a change or disruption to routine could promote stress and difficulties for the person. Their relative told us, "This has been the most responsive service we have used; [Name] has been failed by the traditional services over the years. Now [name] has a lifestyle that suits [name] and is the most settled they have been".

Staff we spoke with who supported the person were fully aware of their needs and were highly motivated and committed to meeting the persons daily support needs. We saw a very proactive and organisational response to supporting the person to receive respite care in their own home. Staff had worked with the person and had delivered their support in a hotel, a caravan and finally transferred this to the person's own home. This approach had been adopted over a period of three years and had enabled the person to develop the skills to accept and tolerate people working in close proximity with them in their own home. We heard from their relative that these initiatives had been successful and sustained which enabled the person to accept support. Their anxiety was well managed to prevent escalation of behaviour. We heard that an advanced support plan was in place which recognised the potential for difficult situations to arise but detailed how these should be responded to so the involvement of other services as a result of physical aggression was avoided. The relative told us, "We can now have a break away and not worry that decisions are taken out of our hands should a situation arise. We are confident that with the staff and the on-call support that [name] can remain at home and will not be subjected to unnecessary interventions". We saw that this approach had enabled the person to have as much choice and control as possible; their wishes, [to remain at home] had been listened to and acted on in an innovative way. An external psychologist told us, "This is a unique situation; having this plan in place demonstrates how proactive Freetime has been in supporting this person in the way that they need".

Relatives we spoke with were very complimentary about the support their family member received. One relative told us, "Although [name] can't tell us we know they are happy with the support they get. I have seen the staff take their time, don't rush [name] and they know what [name] likes to do so will give [name] time to do those things so [name] doesn't get agitated". Another relative told us, "I'm very impressed with the staff, there is a very positive and proactive approach and attitude so even when things don't go to plan we discuss things and try alternatives".

The registered manager had developed their own formal written transition (referral) procedure. This was commissioned by them and produced by an external business improvement team. The emphasis of this was to ensure all relevant assessments and information from the individual, their family, previous placements and involved professionals is gathered and used to inform the initial assessment questionnaire. A transition plan is agreed by all parties prior to commencement of receiving a service. This procedure was used effectively to transition two people with highly complex needs into the day service. Although this is a separate provision it demonstrates that the registered manager had evolved their assessment procedures to ensure they are appropriate, collaborative and provide consistency to people.

People's support plans were very personalised, tailored to them and provided clear information about how people preferred to be supported. Their wishes and goals were evident and staff were aware of the difficulties people experienced such as fear of crowds or noisy places and these were planned for when delivering the person's care. There was a clear process for the review of support plans and relatives told us this was carried out in their own homes. One relative said, "They [staff] meet with us regularly and go through the plan and make any changes". Another relative told us, "We meet monthly with the core team and discuss issues and have a copy in our home. We are very much involved and communication with the service is excellent". Feedback from an external professional confirmed that people's support plans were consistently updated with them. We saw that people's cultural, gender and spiritual needs were explored and staff were aware of this when supporting people in their own homes. Staff were able to describe the customs that they observed when in a person's home which met with their cultural needs.

We saw staff had an excellent understanding of people's diversity and had been innovative in building relationships with people to gain their trust. A relative told us, "They have built up the time they spend with [name] in our home so that [name] can improve their tolerance of people in the home. They spend a couple of hours in the house painting nails or doing a foot spa; things [name] enjoys". A staff member told us, "As [name] receives respite monthly we need to ensure [name] has regular periods with staff in their own home so that [name] feels safe and allows us to provide personal care. As a result, we saw the person's quality of life had been enriched and optimised. A psychologist told us, "It's exceptional what the staff has achieved for this person".

Relatives told us they had confidence in staff and managers and had no complaints about the service. Relatives confirmed they had been made aware of the complaints procedure. We saw that this was available in a suitable format for people who used the service. As part of a yearly quality assurance questionnaire people and their representatives were asked about their understanding of how to raise a complaint. The registered manager told us that information about complaints could be explained to people to aid their understanding. There had been no complaints made about the service in the last 12 months. A relative told us, "I'm very happy with the service and if I had any concerns they are very easy to communicate with". The registered manager had obtained feedback from people and their relatives via regular reviews, regular visits to people in their home and we saw an annual satisfaction survey. The most recent of 2015 identified that 100% of people were happy with the service provision.

Is the service well-led?

Our findings

Relatives we spoke with were complimentary about the management of the service. One relative said, "It's a very proactive service and the management approach allows people to have a service to suit their needs".

We saw the registered manager was knowledgeable about people's needs and their family circumstances. They had played an active role in consulting with people and working collaboratively with them to ensure the way the service was delivered, suited people's needs. Relatives told us the registered manager regularly visited them in their own homes and held meetings with them to review the support package. Relatives said that communication with the registered manager and staff team was positive and that they could contact them any time.

There was a clear management and staffing structure which staff understood. The registered manager was supported by lead managers who took responsibility for specific aspects of the service. This ensured that there were clear lines of accountability. Team leaders had various roles which included supporting staff. Staff were highly motivated about their work and the support they received. All of the staff we spoke with had supervision, regular training and several platforms in which they could plan ahead or reflect on their practice. One staff said, "The managers are very engaged with people who use the service". Another staff member said, "It's the first company I've worked for that really puts people first and actually does what they say they will do". The provider also had an employee of the quarter scheme; a system for recognising the achievements of staff at all levels. This enabled them to encourage good practice and nominate staff in recognition of their work.

People had consistency and continuity because they were supported by dedicated teams. The rota system was based on people's level of dependency, their complex needs and compatibility. People received support from staff who had received specific training to meet their particular needs. The provider had invested in a staff training and development plan which ensured staff had the knowledge and skills they needed. We saw that an employee had been awarded Runner Up in the Apprentice of the Year, scheme run by Dudley Local Authority. This award represented the provider's commitment to equipping staff with the knowledge and skills necessary to meeting people's complex needs.

The registered manager promoted a responsive and inclusive culture that put people first and empowered them. For example they had adapted their support package and had looked at different ways of providing respite support to meet the specialist needs of one person. They had worked in collaboration with other professionals involved with the person's care to ensure the right approach. One staff said, "It shows the manager will try and meet someone's needs by trying things that work, it's exciting and creative". We spoke with a psychologist involved in this person's support who told us they were extremely impressed by the commitment of Freetime Care Services Limited; "It's unique; exceptional really without them this person could not remain at home". We found the provider provided a highly personalised service.

The registered manager actively engaged with other organisations to support care provision. They were registered with Black Country Partnership for Care (BCPC), British Institute of Learning Disabilities (BILD),

Advantage Accreditation and West Midlands Care Association. Membership with these organisations ensures that registered managers are aware of new developments and good practice. The registered manager had joined Advantage Accreditation which had enabled them to deliver in-house accredited courses in a number of topics. We saw this had influenced the way that staff managed risks to people's nutrition and hydration. They had also developed their own tools to ensure people experienced joined up care when transferring from children's services to adult services. We saw this had led to a thorough assessment of needs and risks so that staff could consider and plan for these before a person received a service. The registered manager kept their skills and knowledge up to date and had systems in place to cascade learning to staff. For example staff had received training in relation to supporting people with autism and challenging behaviour.

Relatives confirmed that they were regularly asked about their experiences of the service via surveys. The results of the most recent survey showed that 100% of service users and their representatives were 'extremely satisfied' with the care services they were receiving. People had stated they had an excellent choice in how the service was delivered. People had commented that the service was; 'very professional', 'always friendly', 'flawless' and that staff are 'friendly, polite and helpful'. The results were consistent with the previous year and indicated people and their representatives thought the service was well-led. A relative told us, "It is an excellent service for us". Staff views on the service had been captured and described the organisation as; 'professional' 'safe', 'happy' and 'friendly'.

We saw that quality assurance processes were in place; regular audits were carried out on the standards of care people received. There was a system to review accidents and incidents. Relatives told us they were informed if people had an accident. The registered manager told us in their PIR that they carried out spot checks and competency checks on staff to ensure they performed to the required standard and we saw these were recorded. Team leaders carried out regular spot checks on staff to review the quality of care provided as well as support plans to ensure these were up to date. We saw that the provider, staff and family regularly reviewed their approach to the management of challenging behaviour and records were in place to monitor incidents. We saw that the provider reviewed such incidents and staff had debriefs to discuss their interventions.

Staff were aware of the whistleblowing policy which was displayed and told us they knew how to report any concerns they might have about colleague's performance. A staff member told us, "We discuss any policies and what they mean in regular meetings, I would feel confident in reporting a colleague if I needed to". The registered manager knew how to notify us of events that they were required to by law. There had been no notifiable events since our last inspection in July 2014.

The provider sent us their completed Provider Information Return (PIR) this is a report that gives us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected the information included in the PIR.