

Freedom Supported Living Limited

# Freedom Supported Living Registered Office

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



## Overall summary

This was an announced inspection which took place on 27 August and 7 September 2015. We had previously carried out an inspection in October 2013 when we found the service to be meeting all the regulations we reviewed.

Freedom Supported Living is registered to provide personal care to people in their own homes. The service

specialises in providing support to people with a learning disability. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 4 people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe with staff from Freedom Supported Living. They told us staff were caring and always supported them to make their own decisions and choices. People told us how they had developed their independent living skills as a result of the support they received.

Staff were safely recruited and rotas were flexible to allow people's individual needs to be met. People who used the service had the opportunity to comment on the support they received.

Staff knew what action to take should they witness or suspect abuse. They told us they had received the training they needed for their role. However we noted improvements needed to be made to ensure staff received refresher training in topics such as first aid, fire safety and food hygiene. Staff told us they had also not received any training in the Mental Capacity Act 2005. This legislation is intended to support people to make their own decisions wherever possible.

Systems were in place to help ensure the safe administration of medicines. Where 24 hour support was provided staff undertook regular checks to help ensure the safety and security of the premises.

People who used the service received the support they needed to attend health appointments. Staff encouraged people to make healthy nutritional choices.

There were opportunities for people who used the service to comment on the support they received. We noted that people had been involved in review meetings to help ensure they were supported to achieve the goals which were important to them.

Staff we spoke with told us they enjoyed working in the service. All the people we spoke with told us the registered manager was supportive and approachable. People who used the service told us they felt able to contact the registered manager or any other member of staff should they have any concerns regarding the support they received.

Some quality assurance systems were in place including audits of the locations where support was provided. However these needed to be further developed to help ensure the registered manager was driving forward improvements in the service.

# 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. People told us they had no concerns about their safety when they used the service.

Staff had received training in safeguarding vulnerable adults and knew what action to take if they witnessed or suspected abuse.

Staff were safely recruited and staff rotas were flexible to support people to take part in activities of their choice.

Systems were in place to help ensure the safe administration of medicines.

Good



### Is the service effective?

The service was not always effective.

Systems to support staff to receive the training and supervision they required for their role were not effective.

Staff understood their responsibilities to ensure people were able to make their own decisions.

People received the support they needed to access healthcare services. Staff helped people who used the service to make healthy nutritional choices as much as possible.

Requires improvement



### Is the service caring?

The service was caring. People told us that staff provided the care and support they needed. Our observations showed that staff were kind, caring and respectful of people.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing high quality care and to promoting people's independence and choice.

Good



### Is the service responsive?

The service was responsive to people's needs.

People who used the service were involved in agreeing and reviewing the care they received. People were supported to identify and achieve the goals that were important to them.

Systems were in place to record and respond to any complaints or concerns raised.

Good



### Is the service well-led?

The service was not always well-led.

Requires improvement



# Summary of findings

The service had a manager who was registered with the Care Quality Commission (CQC). All the people we spoke with during the inspection told us the registered manager was approachable and caring.

Although some quality assurance processes were in place, these needed to be further developed to help drive forward improvements in the service.

# Freedom Supported Living Registered Office

## 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.

We told the provider two working days before our visit that we would be coming. This was to ensure people who used the service would be available to answer our questions during the inspection. On 27 August, with their permission, we visited the four people who used the service. We also spoke with one member of staff who supported them and a further two members of staff on the telephone. Due to the registered manager being on holiday at the time of the inspection we returned to speak with them on 7th September at the registered office immediately after their return.

Due to the small size of the service the inspection team consisted of one adult social care 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. They did not return a PIR and we took this into account when we made the judgements in this report. We also contacted the local commissioning team but were told they did not hold any information about the service as people contracted privately with Freedom Supported Living for their care and support.

During the inspection we looked at the care records for the four people who were using the service. We also looked at a range of records relating to how the service was managed; these included staff personnel files, training records and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe with the staff who supported them. One person told us, “I definitely feel 100% safe with staff.” Another person commented, “Everything has been put in place to make sure we are safe.” People who used the service told us the registered manager would regularly check that they had no concerns about the support they received.

Staff told us, and records confirmed, they had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues and were certain they would be listened to by the registered manager.

Care records we reviewed included information about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. We saw that risk assessments had been regularly reviewed and updated when people’s need changed.

Staff we spoke with told us they were aware of how to manage risks in relation to cross infection and that they had access to appropriate personal protective equipment. They told us, where necessary, people who used the service were supported to keep their home environment clean. This was confirmed by one person who told us, “They [staff] help us to do the cleaning but they support us to be as independent as possible.”

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe administration of medicines. We saw a record which stated the registered manager had carried out an assessment of the competence of one staff member to administer medicines safely. However this record was not dated or signed by the registered manager. The registered manager told us they had not completed any competency assessments with any other members of staff. However, we noted there had not been any medication errors recorded at the service.

We found, where appropriate, arrangements were in place to support people who used the service to take responsibility for managing their own medicines. Where staff were responsible for administering medicines, these were stored securely in a locked cabinet. One person told us, “Whoever is on gives me my medicine at about 6pm. They always remember.”

We noted a record was maintained of the medicines taken by people who used the service, even where staff were not responsible for administering these medicines. This should help support staff be aware of the medicines people were prescribed. One person who used the service confirmed this and told us, “We know what we’re taking because staff help us to understand. They’ve told us not to take too many [pain killers].”

People who used the service told us they always received the support they needed and that staff were available to enable them to participate in activities of their choice. One person told us, “It’s good. It’s flexible. It’s better than other services we have had.” Another person commented, “We can choose the day we want support. We can change days and what we want to do with our support time.”

We saw that people’s care records included information about the skills, interests and abilities they wanted in staff. This information was used in the recruitment of new staff to the service. One person told us, “In the past I’ve been involved in interviewing staff.”

We discussed the plan to recruit new support staff with the registered manager. They told us they had spent time with people who used the service to find out the skills and qualities they wanted in new staff. People who used the service had compiled a list of questions they wanted to ask prospective staff during the recruitment process.

We looked at the personnel files for three staff employed in the service. All files contained proof of identity, application forms that documented a full employment history, a job description and at least two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

This helped to protect people from being cared for by unsuitable staff.

## Is the service safe?

Where people received 24 hour support we saw there were systems in place to ensure the property in which they lived was safe and that regular checks were carried out in relation to the environment. A fire risk assessment was in place. Regular fire checks and evacuation drills also took place. We saw evidence that people who used the service were supported to participate in these checks.

We asked staff about the action they would take in the event of an emergency in the property where 24 hour care was provided. Although staff demonstrated they knew how to respond in the event of an emergency such as fire or accident, we noted there was no written procedure in place for all staff to follow. We discussed this with the registered manager who told us they would put a procedure in place as a matter of urgency.

# Is the service effective?

## Our findings

All the people we spoke with who used the service told us staff knew them well and had the skills they wanted from support workers. One person told us, “Staff are brilliant. We can have a laugh with them. They know us and can tell if we are not feeling happy.”

People told us staff would always respect their decisions and choices. Comments people made to us included, “I decide what I want to do each day”, “We have a plan in place so we know what we are doing” and “We decide how we use the time we have with support workers.”

Staff confirmed to us that they would always respect people’s wishes and preferences. One staff member told us, “It’s their choice what they want to do, not ours. We are only there to support them.” They also told us they had supported a person who used the service put strategies in place to help them express their own views and opinions. We confirmed with the person concerned that they had found this to be effective.

Although staff we spoke with understood the rights of people to make their own choices, none of the staff had undertaken training in the Mental Capacity Act (MCA) 2005; this legislation is designed to protect the rights of individuals to make their own decisions wherever possible. We also noted there was no specific policy in place to provide information for staff about the relevance of the MCA to their work in supporting people who used the service. In addition a policy advising staff about the action to take in the event of a medical emergency contained inaccurate information about what staff should do if a person was unable to consent to any treatment. This meant there was a risk people’s rights might not always be upheld.

Staff we spoke with told us they had received an induction when they started work at the service. They told us they had also completed a programme of in-house training which included safeguarding adults and children, first aid, fire safety and medication awareness. However, when we reviewed three staff personnel files we noted that no refresher training had been offered to staff in 2015. The registered manager told us they did not have a list of

training which they expected each staff member to complete on an annual basis. This meant there was a risk staff would not have the up to date skills and knowledge required for their role.

Staff personnel files provided evidence that a system was in place for staff to receive supervision and an annual appraisal. However, from the records we reviewed we could not find evidence that one staff member had received supervision since October 2013. The registered manager told us they had held more recent supervision sessions with the staff member concerned but they could not find any records to support this. From the supervision records we reviewed we noted staff were offered the opportunity to discuss any training needs or issues of concern. They were also provided with feedback on their performance.

The lack of effective systems in place to ensure staff received appropriate training and, supervision was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records we looked at were personalised and included the goals people wanted to achieve with the support they received. We saw that people were supported to maintain a record of their achievements. We saw that, following bereavement, staff had spoken with a person who used the service about the support they wanted to manage their feelings about their loss and that this had been effective in helping the person come to terms with their bereavement.

Records we reviewed showed people were provided with support to ensure their health and nutritional needs were met. Staff told us they would support people who used the service to devise weekly menus and try to encourage people to eat as healthily as possible. One person who used the service told us, “Staff help us with our cooking skills. They’ve shown us how to eat healthily and they always ask what we’ve been eating.”

We noted people who used the service had health action plans in place. These are documents which record the support an individual needs to stay healthy or when accessing healthcare services. We saw that these had been reviewed regularly with people to ensure they remained up to date.



# Is the service caring?

## Our findings

People who used the service gave very positive feedback about the staff who supported them. Comments people made to us included, “We can talk to staff if we are struggling or having any problems” and “Staff do a good job. They make sure we get everything we need”.

People we spoke with told us staff would always encourage them to be as independent as possible. One person told us how staff supported them to achieve their ambition of regularly performing at local music ‘gigs’. Another person commented, “Staff help us to do things around the house and garden. They support us to be as independent as possible. They help with budgeting and reading letters we receive.”

From our review of records we noted one person who used the service had commented at their last review meeting that, “I like my staff team. I feel I can talk to them about anything. This makes me feel very good and very important. Staff are very helpful.”

Our observations during the inspection showed that staff were respectful that they were supporting people in their

own home. We noted staff encouraged people to answer the door in their home to promote independence. We noted staff always asked permission from people who used the service before undertaking activities such as making a drink or going outside. During the inspection we observed staff interacted positively with the people they were supporting and encouraged people to discuss plans for the day. This demonstrated that staff ensured people who used the service felt they mattered.

Staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people. One staff member told us, “I enjoy creating a bond with people and introducing them to new things.” Another staff member commented, “It’s really good working in this service. It’s like a fresh approach to supporting people. Everything’s to people’s needs. They decide what they need and want. That’s a real bonus.”

Staff told us they supported the same people on a regular basis; this meant people who used the service had the opportunity to develop caring and meaningful relationships with the staff who supported them.

# Is the service responsive?

## Our findings

All the people who used the service told us they received the support they needed and wanted from Freedom Supported Living. They told us staff would always help them to pursue their interests, develop their independent living skills and maintain contact with those people important to them.

People who used the service told us they would feel confident to speak with any member of staff if they had any concerns or complaints. One person commented, "I would ring [registered manager] if I had any worries and he would sort things out." Another person told us, "If I was not happy I would speak to whoever was on (staff) and definitely feel they would listen to me." One person told us that they had contacted the registered manager to say that they felt they could not get on with a particular member of staff. They told us the registered manager had acted on their concerns and arranged for a different worker to support them. They were now very happy with the support they received.

Support plans we reviewed included information about the level of support people needed to meet their needs; this included personal care, physical health, finances and maintaining contact with family and friends. We saw that

some support plans had been created using pictures to help people understand and contribute to what was included in them. Care records included the level of support people wanted from staff and information about how staff should communicate with them.

Care records we looked at showed people were involved in planning their own care. We looked at the last review for one person who used the service and noted staff had recorded, 'X says he is very happy with his life at the moment. He feels independent and knows he can ask staff for help and guidance'.

Where the service was responsible for providing 24 hour care to people we saw a system of tenant meetings was in place. This gave people who used the service the opportunity to discuss the care and support they received and to agree future activities. From the records we reviewed we saw that people who used the service had been asked about how they wanted their individual support hours to be allocated. This meant the service was able to plan for and respond to people's individual needs. We saw that at the most recent meeting in June 2015 one of the people who used the service had made positive comments about the support he received from staff.

# Is the service well-led?

## Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager was also the owner and provider of the service.

Before the inspection we had 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 provider told us they had not returned the PIR as they had not understood it was a legal requirement to do so. They told us they had also been away from the service for a period of time due to personal circumstances.

All the people we spoke with who used the service told us they had regular contact with the registered manager and were always able to approach them if they had any worries or concerns. One person told us, “[The registered manager] comes up to make sure everything is running smoothly.” Another person commented, “We see [the registered manager] now and again. He’s like a father figure. He always makes sure we are safe and happy.”

All the staff we spoke with told us they enjoyed working in the service and found both senior staff and the registered manager to be approachable. One staff member told us, “I feel I get enough support. I would speak with [senior carer] if the registered manager wasn’t available.” Another staff member commented, “We see [the registered manager] on a regular basis. We can always give him a ring if we need anything.”

We asked staff about opportunities to meet and discuss the service provided. One staff member told us, “We have staff meetings every six weeks. If we have any issues we can sort

things out. We get on well as a team.” Another staff member told us, “I don’t feel like I need a great deal of support but I know I can always ring [the registered manager] if I need anything.” Records we reviewed confirmed regular staff meetings had taken place.

We looked at the minutes from the most recent staff meetings. We noted staff were encouraged to raise any issues of concern. Meetings were also used as a forum for staff to review their knowledge and understanding of policies in place in the service such as those relating to health and safety and communication.

We saw there were some quality assurance systems in place including an audit relating to each of the properties where care was provided by the service. This audit included a review of both the environment and the care records of people who used the service. However, from the records we reviewed we saw there had not been any audit completed since January 2015.

The registered manager told us they had not asked people who used the service or staff to complete a satisfaction survey since the last inspection in October 2013. However they told us they were confident that, due to the small size of the service and their regular contact with people who used the service and staff, there were no concerns regarding the quality of the service provided.

The registered manager told us they were in the process of reviewing the management arrangements for the service. They told us they intended to involve an independent person in supporting them to further develop the quality assurance systems for the service.

The lack of robust quality assurance processes was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure staff received training and supervision necessary to enable them to carry out the duties they are employed to perform

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.