

Freedom Care Services Ltd

Freedom Care Services

Inspection report

Mill 3 Unit H2D
Pleasley Vale Business Park
Mansfield
Nottingham
NG19 8RL
Tel: 01623 811776
Website www.freedomcareservices.co.uk

Date of inspection visit: 28 May - 05 June 2015
Date of publication: 19/08/2015

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

This announced inspection was carried out between the 28 May and the 05 June 2015.

Freedom Care provides care in people's own homes. At the time of the inspection there were 88 people using the service, most of whom had physical needs.

The service has 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.

During the last inspection carried out on the 25 June 2014 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

These were in relation to assessing and monitoring the quality of the service identifying and managing risk and how complaints were responded to. We found the improvements we required had now been made.

People were protected from avoidable risks and staff were aware of their duty of care to the people. Staff were trained to recognise and respond to signs of abuse. Risk assessments were carried out and reviewed regularly.

There were sufficient staff on duty to visit people in their own homes to ensure their care was delivered in a timely manner. Staff were well matched to the people they cared for.

People were assisted to take their medication safely when required.

The staff had appropriate training, supervision and support, and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff assisted people to be in control of what they ate and prepared the meals they wanted.

Staff assisted people to contact their health care professionals. Staff ensured that where appropriate families were kept up to date on the health and welfare of their relative.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

People or their representative were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. The care plans were reviewed and updated regularly to reflect current needs and wishes.

The service had systems in place to assess, review and evaluate the quality of service provision.

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.

Full employment record checks were carried out on new staff prior to them starting work at the home. There were enough staff to provide the support people needed.

People and their relatives told us that they felt safe using the service and were assisted to take their medicines safely.

Safeguarding and whistleblowing guidance enabled the staff to raise concerns when people were at risk of abuse.

Good



Is the service effective?

The service was effective.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat their chosen meals and to maintain their health and well-being.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

Good



Is the service caring?

The service was caring.

The staff respected people's wishes and choices and promoted their privacy and dignity.

The staff we spoke with demonstrated that they knew the people they supported well and that they understood their needs.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and reviewed in a timely manner

Care plans were up to date and contained clear information to assist staff to care for people.

Care was delivered in an individualised manner.

There was a complaints process in place for people to use.

Good



Is the service well-led?

The service was well led.

The quality systems in place recognised areas for improvement.

People were enabled to routinely share their experiences of the service and the provider used this information to further improve on the service.

The staff were well motivated and felt that their views were listened to and respected.

Good



Freedom Care Services

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 between the 28 May 2015 and the 04 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in the office. The inspection team consisted of one inspector and one Expert by Experience.

The inspection team was made up of two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

We reviewed information we held about the service and this included a review of the previous report for this service and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also spoke with ten people who used the service, seven care staff, the registered manager and the provider.

We looked at the care records for seven people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

At the inspection carried out in June 2014 we identified the service did not have effective systems in place to identify and manage risks to people. Systems had been put in place to address this.

We saw that risks to people were identified and where possible reduced or eliminated. Risk assessments were personalised and were reviewed six monthly or when there was a change in the person's needs. We saw these included identifying risk in the home such as rugs that may cause a trip hazard, assisting people to move safely, the risk of developing pressure areas and ensuring people had good nutrition. We were told that the, "The girls regularly check my skin and if it's pink or red they take care of it." The staff we spoke with were aware of their responsibility to keep risk assessments up to date and to report any changes straight away. This meant that staff knew what the risks to people were and had the up to date information they needed to do to keep people safe.

People told us that they felt safe with their carers, and felt that the agency provided a safe service. One person said that "His [relative] was in safe hands." Another said that "I don't worry about [relative] ever when they are here caring for [relative]."

People told us repeatedly that they had complete confidence in the carers who visited them. They also told us that if issues or concerns arose with their care they were encouraged to discuss it. The staff we spoke with demonstrated that they were able to identify concerns and were clear that they were responsible for people's safety. All the staff we spoke with understood the signs of abuse to look out for. One staff member said, "The people are so vulnerable we need to be on the ball." Another said that, "I am vigilant for changes in the people, sometimes it's only tiny changes that show something is wrong. Our training was very good."

Staff knew the process for reporting potential abuse including informing the local authority. The registered

manager was aware of her responsibilities in promoting the safety of people, and our records showed that accidents and incidents had been reported to the CQC and the local authority appropriately. This meant that staff were aware of their duty of care to keep people safe and to act on all incidents that could put people at risk.

The agency had enough staff to provide care to people at an appropriate time. Staffing levels had been calculated on the hours of care provided and the agency did not accept a new person to care for unless they were sure they could meet their assessed needs. The people who used the service and the staff confirmed this. A review of staffing rotas showed that staff had sufficient time allocated to care for people. They were also allocated travelling time and could meet people's assessed needs without rushing or cutting other people's time short.

There was an effective recruitment process in place to ensure that staff who worked in the service were of good character and were suitable to work with people who needed to be protected from harm or abuse. A review of records showed that checks had been made to ensure staff were suitable to support people in their own homes.

Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records confirmed this.

Some people were assisted to take their medication. The people told us staff helped them as they were unable to 'manage the packaging' but people were aware of what their medicines were prescribed for. Records were kept of medicines taken and if a person was refusing to take their medicines this was discussed with them to ensure they knew the impact of not taking it and to check if it could be taken in another form. If the person did not understand the impact the GP or family were informed. This meant that people were offered their medication as prescribed in a timely manner.

Is the service effective?

Our findings

People told us that they were well cared for. Our findings supported this. We were told that staff were skilled in caring for people. One person who received care had complex needs and their relative told us that, “[Relative] can get very depressed, but the girls are so good. [Relative] really likes them, and responds well to them.” Another said that [relative] suffered from multiple sclerosis and that the staff were able to care for them. We were told they had very specific needs and that the staff understood this and were trained to care for their specific needs. They also said staff ensured the person’s independence was supported and they were encouraged to make choices.

All the people we spoke with told us that their consent was always sought. For example, one person who liked to spend time choosing what to wear was given time to do this and we were told that the staff made it fun.

The registered manager understood her responsibilities to the people under the Mental Capacity Act 2005 (MCA). At the time of the inspection most people using the service had capacity to make informed decisions about their care. Those who lacked capacity to make certain decisions were supported by family members who acted in their best interests.

Staff received training so that they could meet the needs of the people they were assisting and to ensure they were kept as well as possible. A review of training records and discussions with staff showed that staff had extensive

training in caring for people. This included assisting people to move safely, food hygiene, caring for people who are living with dementia, understanding the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), care of people who are dying and ensuring skin is kept in as good a condition as possible (tissue viability). All of the people who received a service felt that the staff were trained and knowledgeable about their needs.

Staff made people meals or assisted people to make meals. Those people we spoke with told us that they were fully in charge of what they ate. Staff asked what they wanted to eat and they prepared it for them. All the people were complimentary about what was cooked for them and told us that the staff always left them a drink and, if they wanted it, a snack for them to help themselves later. Staff told us that if a person lost weight they would report it to their manager who would then visit and re-assess the person and if necessary make referrals to dieticians through their GP.

People were supported to maintain good health. They told us that if staff thought the GP needed to be called they would discuss it with the person and then make appropriate arrangements. The agency had systems in place to support people should they become suddenly ill. For example, if they needed to go to hospital suddenly, staff would always offer to go with them. People told us that when their health deteriorated and they needed more care this was done with immediate effect.

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for and that staff were very kind and compassionate. People confirmed that staff were very careful to ensure their care was delivered in a manner that promoted their dignity and privacy. People felt that they mattered as individuals and that the staff were there to care for them how they wanted to be cared for. We were told that staff greeted people and checked that they are well before they started to deliver care.

One person told us that, “The word I would use to describe them is gentle. [Relative] can hardly speak now, and they treat [relative] as gently and as kindly. Sometimes I find it very tiring looking after [relative] and they try to look after me too when they can. They bring me a cup of tea too, which is very kind of them.’

Another person told us that, “They are wonderful, we have three particular favourites who normally come. They do very very well. They try so hard to help.”

A third person said “Nothing is ever too much trouble for them. They are wonderful to me, they know exactly what needs to be done, and how I like it done. They come on time, and I feel so grateful.”

Staff worked with the person to ensure they were delivering their care in the manner they wanted. People felt respected and their dignity was promoted. For example, we were told

that the person felt much better when the staff had left. That the staff had done exactly what they wanted. “Even though I always have the same breakfast every morning, they always check in case I have changed my mind.” Another said that choosing what to wear and what to have for lunch were the only decisions left to them. Staff respected this and said “We have fun matching things.”

Care was delivered in a manner that respected and promoted the dignity of the person. One person told us that, “Not a bit of me is on display while they are washing me.” Another said that the staff respected the fact that they were, “An adult who was not able to manage and never made me feel uncomfortable or spoken down to.”

Staff were careful not to undermine the independence of people. For example, staff were directed to take their time and allow the person the time and space to complete tasks they were able to, but needed time. For example one person said, “I know the girls are always so busy, but they never seem to rush me.” One person said that they had concerns when their regular carer was off. However they were happy with the care they received and said “They have covered it very well. They’ve found other girls who are just as kind, and understanding of [relative] complex needs.”

Another lady told me, “My carers are very good and very friendly – I am treated more as a friend than a client. They always find time for a chat with me, I never feel rushed.”

Is the service responsive?

Our findings

At the inspection carried out in June 2014 we identified the service did not have systems in place to manage complaints. This was responded to and complaints were now managed. People spoken with knew how to make a complaint and said that they would have no problem talking to the senior staff should they need to. A review of complaints showed that the agency had a complaints policy in place and we saw that they were responded to in a timely manner. At the time of the inspection there were no complaints outstanding and we saw that the service had received many compliments on the quality of the service and the caring approach of the staff. This showed that people's concerns were taken seriously and investigated appropriately.

We saw that where possible people were supported to be in control of their lives. Care plans were drawn up with the person or their relative to ensure the agency understood their needs and how they wanted their care delivered. People's wishes and views were respected. For example if a person wanted a female or male carer only to attend to them.

We saw that people's needs had been assessed before the service started and that a continuous assessment process was carried out by staff. Care planning was carried out by staff who had met the person and were aware of their needs and wishes in relation to the staff who cared for them. This included successfully matching staff to the people they cared for. The people we spoke with confirmed this and told us if there was a problem or a personality clash it was sorted out without 'fuss or embarrassment. There were systems in place for staff to report their

concerns to senior staff who responded by visiting to reassess the person to ensure the agency fully understood and responded to their needs. People told us that the agency was flexible and responded to a need to change the time of the care delivery. For example, if a person needed to attend a hospital, GP appointment or an important social occasion.

People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. The care plans were easy to read and contained detailed information so that the care staff knew the person's individual needs and wishes.

Care had been taken to ensure staff understood the importance of individualised care and to respond to changing needs. One person said that following an accident, they had initially been very dependent on their carers, but they were gradually improving and their need for care had reduced. They said 'They used to come to dress me, but now I can do that, they come a bit later to give me time to get myself dressed.' They said that they appreciated the flexibility of the service, and recognised that this was enabling them to become more independent, which also helped their emotional wellbeing. This approach to delivering care promoted the independence and recovery of people.

However, some people were not always happy with the timing of their calls and had requested different times. The agency endeavoured to meet this as soon as possible. Where a call was time sensitive we saw that care was taken to ensure this was met. People using the service and staff confirmed this.

Is the service well-led?

Our findings

At the inspection carried out in June 2014 we identified the service did not have systems in place to review the quality of the service. We found that the provider now had a quality monitoring system in place. This was used to drive improvements in the care of people. For example, senior staff observed and worked alongside care staff in people's homes so that their performance could be observed. . This was done on a regular basis and was used to ensure the people were happy with the service and any training needs were identified in a timely manner.

There were effective audits in place, these included audits of care plans, risk assessments and of how people were kept safe in their own homes. We saw that care plans provided staff with clear information to enable them to support people in the manner they wanted. These care plans were reviewed six monthly or sooner if the person's conditions changed.

Incidents and accidents were recorded and investigated to enable the service to learn from them and to minimise the risks to people. Where the person and staff had a personality clash this was resolved.

The people who used the service told us that it was well managed. They said that they knew who the senior staff were and who to talk to should they have a problem. There was a management structure in place and the service was managed in a transparent manner by a registered manager.

For example, people knew who planned their care and who to call should there be a problem. The managers knew the people who used the service well enough to successfully match them to the care staff. People who used the service confirmed this.

Staff told us that they felt listened to and that their opinions were respected. They told us that "We are the ones who see the people, sometimes four times a day and the seniors know that we are the 'experts'" Staff told us that they were well managed and that the morale was high. People who used the service said that the staff were very professional and, "That they never moaned about the managers."

The registered manager promoted a personalised culture within the service by leading by example. Staff confirmed that morale was good and they felt well supported by the registered manager who was fair and would listen to them about any issues they were having. They told us that on a day to day basis the needs and wishes of the people were central to how the service was managed.

Staff told us that they felt empowered to raise issues and told us that whistle blowing had been covered in training. Information on who to call was available to staff and all the staff we spoke with knew who to contact should they need to. They felt that as they had the opportunity to talk to senior staff in person once a week they were sure that their concerns would be listened to.