

Freedom Care Limited

Freedom Care Limited - 68 Conway Drive

Inspection report

68 Conway Drive
Shepshed
Leicestershire
LE12 9PP

Tel: 01509557887
Website: www.freedomcare.org

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14 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The service was inspected on 8 and 10 February 2017. The first day of our inspection visit was unannounced. We visited the provider's office on 14 February 2017 to review staff training and recruitment processes.

The service provides accommodation and personal care support to two people.

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

At a comprehensive inspection in December 2015 the overall rating for this service was rated Requires Improvement with one breach of Regulation relating to people's consent identified. We asked the provider to make improvements. At this inspection we saw that the provider had made the required improvements.

Staff were aware of their responsibility to keep people safe. People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Risks were assessed and managed to protect people from harm and staff understood what to do in emergency situations.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported and that communication between themselves and senior staff was good. Safe recruitment practices were being followed.

People's nutrition and hydration needs were assessed and met. People's health needs were met and when necessary, outside health professionals were contacted for support.

People made decisions about their care and the support they received. People were involved in reviewing their care and their opinions sought and respected. People were supported in line with the Mental Capacity Act 2005 (MCA).

People were involved in the planning and implementation of the care that was provided. People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People were supported to practice their religion as they wished.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the reviewing of their care. Their feedback was sought.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have. People and staff were kept informed of changes to the service and their feedback was sought.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made. The registered manager was aware of their responsibilities.

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.

Staff knew how to keep people safe from harm. Safe recruitment practices were being followed.

Risks were assessed and managed to protect people from harm and staff understood what to do in emergency situations.

People's medicines were managed so that they received them safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health. Their nutritional and hydration needs were assessed and met.

People were supported in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People's independence was promoted.

People were encouraged to make choices and felt involved.

Is the service responsive?

Good ●

The service was responsive.

Care plans were centred on people's as individuals. They reflected their wishes and preferences.

Feedback from people who used the service and visitors was actively sought. People were aware of the complaints procedure and felt able to raise any concerns.

People were supported to follow their interests.

Is the service well-led?

Good ●

The service was well led.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

Staff were clear of their responsibilities and were guided to provide support to the person in line with the providers policies and procedures.

Systems were in place to monitor the quality of the service being provided.

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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 service was inspected on 8 and 10 February 2017. The first day of our inspection visit was unannounced. We visited the provider's office on 14 February 2017 to review staff training and recruitment processes.

Before the inspection visit we reviewed the information that we held about the service to inform and plan our inspection. We contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback. We also contacted the local authority who had funding responsibility for one of the people who used the service.

We spoke with two people who were using the service. We also spoke with the registered manager, the deputy manager, the training and development manager, the office manager and four support staff.

We looked at one person's care records. We also looked at other records in relation to the running of the service. These included staffing rotas and health and safety procedures. We looked at four staff files to check they were safely recruited and to look at the support and guidance they received.

Is the service safe?

Our findings

People were supported to stay safe by staff who understood their responsibility in this area. Staff were aware of how to report and escalate any safeguarding concerns that they might have within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I have done safeguarding training. My responsibility is to report it to safeguarding." They went on to say, "I would report to safeguarding (If couldn't report to manager). I have heard of whistleblowing." Staff were able to identify different types of abuse. The registered manager was aware of their duty to report and respond to safeguarding concerns. On the second day of our inspection they demonstrated to us that they had identified and reported a concern to the local authority safeguarding team. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at four recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

People were supported to manage their money and keep it safe. One person said, "(Staff member) helps me to do my money. I cannot budget for toffee. I am impulsive." Another person said, "Staff try to advise. I am meant to be saving money." We saw that the provider had implemented checks to ensure that people were protected from risks associated with financial abuse. People were encouraged to have their own bank account.

People were supported with positive risk taking. One person told us that it was important to them to be involved in their meal preparation. They said, "I am always supervised in the kitchen. I am easily distracted. I have cut myself with a knife." We saw that where people were at risk of harm these risks were assessed and strategies developed to reduce the potential for harm. For example where people accessed the community independently staff supported people prior to going and were contactable to offer support if people required to help them remain safe. Staff also supported people to be safe when using social media. This included checking their devices regularly, with their permission, to ensure that they had not left themselves vulnerable to cybercrime or unwanted attention. One person said, "Staff tell me how to keep safe." We saw that the detail within some risk assessments was limited and it was not always clear what the risks were and how they could be prevented. We saw that the provider's audit had identified that risk assessments lacked detail and management strategies. The registered manager told us that they would review risk assessments to make them more robust.

People could be assured that they received their medicines as prescribed by their doctor. A staff member told us, "I was signed off by (registered manager) to give medicines. They watch you giving them and make sure you are signing things correctly." Medicines were stored securely. We saw that medication

administration record charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN [as required] medicines there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines. We saw that a stock check of medicines was taken regularly. We identified that on two occasions a person's medication had not been signed for as given. We asked the registered manager to investigate if the person had received their medication and why the medication had not been signed for. They assured us they would investigate. Staff had received appropriate training before they were able to administer medicines to people. Staff were required to complete an annual assessment of their competency to administer medicines to people to ensure that they continued to be safe.

The help that people would need if there was a fire had been formally assessed. People were given the information that they needed to understand what to do in case of an emergency. Staff had checked that they were able to follow the required actions. Records reflected that fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

People were protected from the risk of harm from environmental risks and in case of an emergency. The provider had reviewed all risk assessments relating to the environment and daily living tasks. This was to ensure that they remained current and that where risks were identified action was taken to reduce the likelihood of harm. The provider's audit had identified where health and safety concerns were present. Action was taken to remove the risk. For example paperwork that was being stored in the boiler cupboard had been removed. The provider had also taken action to address inconsistencies in the way that substances hazardous to health, such as cleaning products, were stored and used in order to ensure safety.

Is the service effective?

Our findings

People could be assured that they were supported by staff who had the right skills and knowledge to meet their needs. Staff received training before they began working at the service as well as on-going training to ensure that their skills and knowledge were kept up to date. One staff member told us, "I did an induction. I was signed off doing lots of things with each service user. We looked at strategies on how to cope with behaviours. I did shadow shifts. It was very useful." Another staff member told us, "They are very hot on training. (The training manager) is very good and strict. They tell you what is needed a year in advance."

We spoke with the training manager who told us that the provider had taken steps to evaluate the quality of the training that staff received to ensure that it met their needs. They told us, "We thought we could be more responsive." They implemented a program of induction and ongoing training that supported staff to have the knowledge and skills to meet peoples' needs. New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Staff understanding and competence to apply their skills was evaluated following training.

The registered manager conducted supervision with staff in order for them to feel supported and to check their knowledge and understanding of their role. One staff member told us, "I have supervision every month. I discuss things with (registered manager and deputy manager) If I say I am not happy with something they will make changes." We saw that as part of the supervision process the registered manager checked if staff had access to and understood the provider's policies, their role and checked if they needed more support.

Staff were also supported following incidents when they had supported people whose behaviour could be harmful to themselves and others. The registered manager or deputy manager conducted de-briefs with staff. This allowed them the opportunity to discuss the incidents and seek support or reassurance if required. A staff member told us, "It has come in during the last year that you have a debrief after an incident." The registered manager also used de-briefs as a way of checking staff's knowledge and understanding of how to support people who were experiencing increased anxieties.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff were able to demonstrate that they had an understanding of the MCA. They understood that if people have capacity to make decisions they should be supported to do so even if others would consider the

decision to be 'un-wise'. One staff member told us, "We can only advise. Which we do." A person's social worker told us, "Staff are really good at sitting her down and making decisions (with her)." People were supported to make decisions for themselves. We saw that people's capacity to make informed decisions had been considered. People were asked to consent to the support that they received. We saw that the support offered was the least restrictive and where people made decisions these were supported. People's consent had been sought with regard to their photograph being taken and how it would be used. We saw that one person did not wish to have their photograph displayed in any public forum and this was respected.

People were encouraged to follow healthy diets. One person said, "I just brought a new cook book to try some new recipes. My key worker does the menus with me. We are trying different things. I am a very picky eater." Another person said, "Yesterday I agreed to a new menu." One staff member told us, "We really try with the diet." They went on to tell us, "We are trying to add different things and encourage (person). We have discussed losing weight with (person). We try and support." People were given information about their food in ways that they understood so that they could make choices for themselves. Staff encouraged people to be involved in preparing and cooking their meals. Where people had specific dietary preferences and requirements were taken into account and followed. People had received input from dieticians in order to try and support them to maintain a balanced diet.

People were supported to access health care professionals. Where people required their health to be monitored this took place. We saw that the support people needed to maintain their physical health was recorded. Where people required support to access health care professionals and facilities this was offered. A staff member told us how they had supported someone to have a vaccination. The person had been worried about this and requested additional support, which was provided. We saw that the registered manager had liaised with health professionals in order to help achieve positive health outcomes of people.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "There is lots of good staff. I like (staff name) who is on shadow shifts. I like (two staffs names). All the staff are alright really. I can talk to them." They went on to say, "(Staff name) is a good member of staff. She is absolutely brilliant. She is a natural at doing the job." Another person told us, "Most staff I am happy with." Staff demonstrated that they were kind and caring. One staff member told us that on a person's request they had, "stayed Christmas eve to make it special." Staff treated people with kindness. One person said, "I tell staff if I have any problems. I talk to them." Another person told us, "I feel that I can talk to my staff about anything."

People were supported by staff that knew them well and understood what was important to them. One person's social worker told us, "They are very aware of her individual needs." Each person was able to choose their key worker. A key worker was a member of staff who took additional responsibility to support the person to meet their individualised goals and plan and review their care with them.

People were supported to access external support groups of agencies. We saw that one person was encouraged to contact a support group to talk to when their anxieties were high. This was helpful as it allowed them an opportunity to discuss their concerns with independent professionals.

People were supported to maintain their independence. One person told us, "I mopped the kitchen floor yesterday. If they encourage me I will do it." Another person said, "The staff help me with cleaning. I do clean around the house." A staff member told us, "Some people have developed independence skills. We try and encourage." We saw within people's care plan that staff were guided to promote people's independence.

People were empowered to take responsibility for themselves and their decisions. One person said, "We talk about making choices about what to eat or going out." As part of people's agreed care plans the actions that people themselves would take were listed as well as the actions staff would take in order to help people achieve their goals. This was important to people as it put them at the centre of their support strategies.

People were offered information in a way that they understood. One person told us, "I have asked for my activity plan to be done using pictures to encourage me." We saw that the provider had developed a guide using visual aids to help a person understand a new policy. People's care plans made reference to the ways that people were most likely to understand information. Staff understood the need to take into account other factors when providing people with important information e.g. such as the time of day or the person's mood.

People told us that they felt comfortable discussing their concerns with staff and that this was important to them. One person said, "I can talk to some staff. I don't talk to others. I can talk to (registered manager) but I talk to (deputy manager) a lot more. (Deputy manager) is fresher and a bit more empathetic. One person told us that they felt that their privacy was not respected. They said "People come in and out so it can be difficult to talk in the house. I don't like the fact I could be listened to. I don't always feel I have privacy. I do in my room. I don't know who is listening in." They told us that they often waited until they were away from

the house before they spoke with staff so that their conversations could not be overheard. Staff demonstrated that they understood the importance of maintaining people's privacy and respecting their beliefs. They offered [persons] the opportunity to spend time doing an activity outside of the house if they indicated that they wanted to discuss something. We saw that one person had their own keys to their bedroom doors.

Is the service responsive?

Our findings

The support that people received was assessed to meet their needs and centred on them as individuals. Staff were provided with guidance about how best to support people to achieve their goals and maintain their wellbeing. People themselves were involved in the development and review of their care plans and important information that the service held about them. One person typed many of their own care plans. They told us, "I like to do my own paperwork. I like to get involved. I can read them all. I do my life in pictures. We are up to December at the moment." (Life in pictures is done each month to reflect what the person has done that month.) They told us, "We work as a team as I can type quicker than some of the staff." One's person's social worker told us, "They have always seemed to be quite responsive."

People's care plans were reviewed with them to ensure that they continued to meet their needs. We saw that people were involved in choosing images that were important to them or that demonstrated their involvement. Some care plans that we reviewed lacked detail. Where someone's agreed care had changed the care plan had not always been updated to reflect this. For example we saw that the amount of time that a person had agreed that they would go out without staff support had increased but the care plan did not reflect this. We discussed this with the registered manager who told us that they would review the plans with and update them as required.

People had continued input into the support that they received. We saw that people met with a staff member (keyworker) of their choosing regularly to review their care. This was an opportunity to identify what they thought was working well and to discuss any concerns they may have had. People were supported to identify goals and plan with staff how they intended to achieve these. For example we saw that a person had requested support to budget for a holiday.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. One person told us, "Staff will explain that I need space and allow time to calm down." One staff member told us, "Each person has a challenging behaviour plan. It depends on the day if the strategies work. We sit down and discuss it as a team and look at what worked." We saw that staff had received positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. In these ways staff understood and knew how to respond to people's behaviours.

We saw that the language used within care plans and at staff team meetings was not always in line with a positive behaviour support model or did not always respect people's individual needs. For example, we saw that a person's care plan referred to them being "allowed" to leave the service. We spoke with the registered manager about this language as the person was not restricted in their movements. They agreed to change the wording.

We saw that the complaints procedure was available to all people who used the service and visitors. This was written in an easier to read format including pictures to maximise people's understanding. The registered manager told us that a person using the service had raised a concern with them about a member

of staff's manner. The registered manager investigated the concern and fed back their findings to the person who had raised the concern.

People's feedback was sought and acted upon. People using the service were invited to attend house meetings. We saw that where a person had made suggestions for improvement these had been actioned. For example one person had suggested that the lounge be redecorated. We saw that if people chose not to attend the meetings their views were sought prior to the meeting and staff represented them and their views. There was a suggestion box in the home. People using the service had used this to request a trampoline be made accessible to them. The provider had arranged for this to happen. We also saw that a person's request for staff to not wear identification badges (ID badges) while supporting them in the community had been considered. We asked the registered manager to provide guidance to staff around the use of ID badges that took into account the person's wishes. The provider told us that they intended to carry out quality assurance surveys with people to gain their feedback about the service they receive in the month following our inspection.

We saw that the provider had undertaken a consultation regarding the use of CCTV in the service. People using the service had responded and told the provider that they did not wish to have CCTV used within their home. During our inspection one person told us, "I hate the cameras. They are here for protection. If you stand in the kitchen at a certain angle they can't see you. It feels like Big Brother. (Registered manager) knows I don't like them. I see why there are there but I am not happy about it." The other person using the service told us, "They explained to me about the camera. I am better with it now. They told me they only look at it if it is a genuine reason. At first I wasn't sure but I kept complaining. (Area Manager) explained about it. We have got it in writing on the wall." The provider told us that they had worked with people to help them to understand the benefits of having CCTV in the home and the reasons why they felt this was necessary including for protection. Following our inspection the provider had checked with people if they understood reasons for the use of CCTV. They told us that they would continue to monitor its usage and take people's views into account.

People were supported to pursue their interests. We saw that people had been given the opportunity to access further education and pursue vocational opportunities. The people that we spoke with listed a number of activities that they regularly engaged in. One person said, "I play badminton. I also really like walking. There are some good walks around here." They went on to tell us about their other interests and how they are supported to pursue them. They said, "I hate being stuck in. I always want to go out. I can go out by myself but I prefer staff to go with me. I don't like my own company." Another person told us, "I would like to do more work experience when I am ready. I enjoyed it. It gave me a purpose." They went on to say, "I have got plenty of stuff I do anyway." People were supported to practice their faith as they wished.

People were supported to develop and maintain links with people who were important to them. One person told us, "I go on Facebook. I have friends on there. Staff have told me to be careful. I tell them what is on there. I get staff to help me. They helped me block one person who was being inappropriate. I get to communicate with my sister more on there." Another person told us, "My friend has been here. She can come here if I want her to."

Is the service well-led?

Our findings

People told us that the service was well led. One person told us, "Freedom (the provider) have been the best provider I have had." Staff told us that they felt supported and that the management was approachable. One staff member told us, "(Registered manager and deputy manager) are both supportive. They will listen. (Registered manager) is approachable. He is truthful." A person's social worker told us that the registered manager had always been responsive when they had requested information regarding the persons care. Throughout our inspection visit we saw that the registered manager and deputy manager were accessible to people using the service and staff. They were approachable and supportive in their interactions.

People using the service were asked for feedback about potential new staff. One person told us, "Staff come for an interview with (registered manager and deputy manager) and then they do shadow shifts. We can tell (registered manager and deputy manager) if they are any good. It doesn't always mean they agree with us." The registered manager told us that they observed how prospective new staff interacted with people who use the service before they were offered a position. The registered manager told us that they operated an 'open door' culture and encouraged feedback.

Staff had access to policies and procedures and understood how to follow them. The provider had ensured all new staff received the employee hand book. This was to make sure that staff were clear on their role and the expectation's on them. It included the staff professional boundaries policy and guidance and the provider's equal opportunities policy. The provider had sought feedback from staff. They conducted an annual survey to establish how staff felt about the support and training provided, the openness of the provider and their manager and if they felt valued. We saw from the results of this survey that the majority of staff responded positively to all of the areas surveyed. The provider told us that they had not yet analysed the data in full but intended to feedback to staff with any actions that are to be taken as a result

Staff were kept informed of developments within the service that they worked as well as other services owned by the provider. We saw from the minutes that senior managers attended staff meetings to thank staff for their work and to update them on any changes that were planned within the organisation. The registered manager used the staff meetings to clarify staff roles with them and to inform staff of changes that were being made. For example when the documentation that staff was required to fill in was updated. Staff confirmed that staff meetings happened regularly

We saw that the registered manager had addressed practice issues with staff when these had been identified as a concern. For example we saw that a staff member's practice around supporting people to take their medicines was not in line with the provider's policy. The staff member had been managed in line with the provider's disciplinary policy and provided with additional support and training. On another occasion we saw that the registered manager had checked with staff that their practice was in line with the provider's positive behaviour support policy.

The registered manager conducted checks within the home to ensure that systems and processes were effective. These included checking for any maintenance requirements and medication systems. We saw that

the registered manager had taken action to investigate a concern when it had been raised. As a result of the investigation action was taken to prevent reoccurrence.

At our last inspection we found a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been asked their permission before CCTV had been installed and were not clear on why this was in place. At this inspection we found that the provider had made the required improvements. The provider had conducted a retrospective consultation with people who use the service and implement a policy about how and when CCTV would be used. The people who lived in the service had been asked their views on the CCTV. Both people expressed dissatisfaction about the cameras. The provider decided that they would continue to use CCTV. They implemented a policy around their use and provided people using the service with guidelines, in a way that they understood about why the cameras were in place and when they could and could not be used. The provider had followed the recommendations from CQC about using CCTV

The registered manager told us that since our last inspection the provider had reviewed working practices and how tasks were prioritised and carried out. They had implemented a business action plan. The aim was to ensure that all staff were clear of their own responsibilities and accountabilities. Required actions were added to the plan, with required dates for completion. These were reviewed regularly and actions taken signed off when completed. As part of the business action plan the provider had ensured that throughout the organisation documentation and systems were standardised. This was to ensure best practice throughout the providers registered locations.

As a result of feedback from the annual relative's survey the provider had developed a welcome pack to share with relatives of people who use the service. This contained information about the services and the provider's aims and objectives. Within this document relatives were given contact details for the provider and information about their complaints procedure as well as other policies and procedures. This demonstrated that the provider had responded to feedback in order to make improvements to the service.

The provider had implemented audits of processes and systems within the home to ensure that they were safe and meeting people's needs. Where action was required to be taken the provider identified what action should be taken, by whom and in an achievable timescale. For example a provider audit identified that a person's money tin was down by a small amount. We saw that action was taken to investigate and rectify this error. We saw that some actions had not been taken in the time frame required. For example the fire risk assessment had been identified as being in need of review. The deputy manager told us that they would ensure that they reviewed this immediately following our inspection.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people.