

Freedom Care Limited

# Freedom Care Limited - 68 Conway Drive

## Inspection report

68 Conway Drive  
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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

### About the service

Freedom Care Limited - 68 Conway Drive is a residential care home. This service supports younger people with learning disabilities and mental health needs; The service is registered to care for two people; there were two people using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

Risks that people faced had been assessed and those identified were safely managed. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Staffing levels were appropriately managed. Enough staff were employed each day to meet people's needs, keep them safe and give them the opportunity to take part in their chosen activity. Medicines were managed safely and people were protected from the risk of infection.

Staff received a range of training appropriate to their role and people's needs, and were supported by the registered manager through regular supervision. People were encouraged and supported to eat a balanced diet to develop good nutrition. People were supported to access the healthcare they needed when they needed it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect and kindness and were able to communicate with them effectively. People were offered choice and control and had consented to their care and support. Staff supported people to be as independent as possible with activities of daily living, laundry, shopping, cooking and to socialise.

Staff and people told us they were able to give their views on the service. Staff told us they felt supported. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The leadership of the service promoted a positive culture that was person-centred and inclusive. The registered manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 4 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 remained safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

# Freedom Care Limited - 68 Conway Drive

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

68 Conway Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available at the service to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke with the registered manager, the deputy manager and two support workers. We reviewed a range of records. This included two people's care plans, records and medicine records. We looked at two staff files in relation to recruitment and an overview of training and supervision for all staff. A variety of records relating to the management of the service were reviewed, including quality assurance.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person we spoke with said they felt safe using the service because they trusted staff. "I understand how staff support me to manage risk. I may not like them reminding me at the time, but I do understand why later on and accept it."
- Staff were trained in safeguarding and knew how to report safeguarding concerns to the management team and to external agencies if required. Information on notice boards supported people and staff to understand safeguarding and risks of discrimination.
- People's care plans detailed the support they needed to protect them or others from potential abuse.
- The provider had made appropriate safeguarding referrals where required and worked with outside agencies to ensure actions were taken to protect people from abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage their mental health, mobility and domestic tasks.
- Risks to people were regularly reviewed and records were updated to reflect any changes in identified risks.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.

Staffing and recruitment

- People were individually assessed for the level of support they needed, and there were enough staff to meet people's needs. Staff on duty during our inspection and rotas confirmed this.
- There was a robust recruitment policy so, as far as possible, only staff with the right character and experience were employed. A Disclosure and Barring Service (DBS) check and references were obtained before new staff started. These checks help employers to make safer recruitment decisions.

Using medicines safely

- Medicines continued to be managed safely by appropriately trained staff.
- Medicines were administered in conjunction with guidance and instructions in care plans; medicine administration records (MARs) were appropriately completed by both staff and the person. Protocols for administering 'when required' medicines were place.
- Routine medicine audits were completed to ensure people received their medicines as prescribed.

#### Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Supplies of personal protective equipment, such as gloves, were readily available.
- All areas of the service were clean and well-maintained.

#### Learning lessons when things go wrong

- A record of any accidents and incidents that occurred was kept and reviewed regularly with the staff team to identify any patterns or trends, so that changes or improvements could be made or introduced to people's support.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service applied the principles of Registering the Right Support and other best practice guidance. Staff ensured people lived as full a life as possible and achieved the best possible outcomes. These included control, choice and independence.
- Care plans identified people's goals and wishes and were reviewed regularly to further develop people's independence.
- Assessments of people's care and support needs were completed in good detail. These provided guidance for staff to support people based on their needs and choices and the values underpinning Registering the Right Support.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff were seen to be competent and skilled in their interactions with the person we spoke with. One staff member told us, "I have completed a lot of training whilst working here. It is regularly refreshed using e-learning."
- Training was provided for staff throughout their employment to maintain skills and knowledge. This included training the provider had identified as mandatory training and training that was specific to an individual person's needs.
- Staff told us they felt supported by the registered manager in their roles and received regular supervision which helped to identify any development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to maintain a healthy balanced diet. People were supported by staff to plan menus and go shopping for meals. One person told us, "I need staff to remind me when something is cooked and to help me to cut things up. Other than this, they let me do most things for myself."
- Information about good nutrition and hydration was available for people in their kitchen and staff supported people to monitor their weight where required.
- Staff were knowledgeable of people's individual dietary needs and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health. Staff encouraged people to follow healthy lifestyles, such as walking rather than using transport within the local community.

- Records showed and the person we spoke with confirmed people were supported to access a range of routine and specialist health appointments and services.
- Care plans included contact details and protocols for staff to follow in the event a person required timely intervention in response to a change in their health and well-being.
- Care records included a health action plan which provided information in an accessible format about people's care needs, likes, dislikes and preferences.

#### Adapting service, design, decoration to meet people's needs

- The home was maintained to a good standard and was clean and bright throughout. Repairs were attended to in a timely way.
- Bedrooms were furnished and decorated to suit people's individual tastes. One person told us, "My room is personal to me; I've got it how I want it."
- The exterior of the service fitted in well with the surrounding community. There was nothing to distinguish it from any other residential dwelling.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's permission was sought prior to care and support being delivered. Staff explained what they were doing and why and were respectful when people declined care and support.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work.
- People's care plans detailed how they made decisions and choices about their care and support they could access for more complex decisions, if required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to receive good care and support from staff who clearly knew them well.
- Staff had developed strong relationships with people and were seen to be genuinely kind and compassionate in their approach. They responded to a person's request for help in a timely and appropriate manner which helped to reduce the person's anxiety.
- People's diverse needs, such as their cultural or religious needs and lifestyle choices, were reflected in their care plans. The person we spoke with said staff supported them to meet these needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. One person told us, "I can do what I want. I make the decisions about my care."
- There were regular individual meetings with staff, where people expressed their views and set out what they wanted to happen. This information was used to support people to develop individual care plans and future aims and wishes, such as moving on.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- The service was effective at promoting people's independence. People had made achievements, made possible by the persistence of staff. This included personal care and daily activities such as laundry, cleaning their home, shopping, budgeting, preparing snacks and drinks. People were able to go out into the local community independently.
- Staff were respectful of people's privacy and dignity. They advised people to wear appropriate clothing for the weather and the activity, supported people to interact appropriately and safely in the local community and on social media and were respectful that the service was people's home.
- People's confidential information was kept secure by staff. Staff had locked cabinets and offices where they could keep information safe.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care people received was person centred and based on their individual needs.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide care and support for people in the way they wanted. Examples included information about people's preferred daily routines and support they needed to complete household tasks.
- People were supported to make choices and have as much control and independence as possible.
- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. People regularly met with staff to review their plans. Plans included goals people wanted to achieve and had been updated where needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans.
- People received information in formats of their choice. This included text, verbal and electronically.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue meaningful activities, hobbies and interests. This included attending local community groups, college, shopping, recreation, day trips and places of worship.
- Staff supported people to maintain relationships with friends and family, where appropriate. This was in person and through social media.
- People were encouraged to participate in daily living activities which helped to prepare them for any potential move on.

Improving care quality in response to complaints or concerns

- The person we spoke with told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they moved into the home and was displayed on a noticeboard. The procedure had been made available in an easy read format to make it more accessible for people.
- Records demonstrated complaints had been investigated by the registered manager. The complainant

had been given a formal response, setting out the actions that had been taken to resolve their issue.

- The provider had systems in place to regularly review any complaints to ensure they had been thoroughly investigated and identify whether there were any trends to them.

#### End of life care and support

- At the time of our inspection, there was no-one who needed end of life support. The provider had policies in place to support this should it be required.
- People had been supported to think about their end of life wishes and record this in their care plans.
- People's religious beliefs and preferences were respected and included in care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person we spoke with told us they were supported to achieve their outcomes. They told us, "I am a different person now to when I first came here. Much better. The staff help me when I need it. This has given me the confidence to think about moving on, which is what I want."
- The registered manager and staff promoted a culture of person-centred care by engaging with people, family members and health and social care professionals.
- Staff understood their role and what was required to ensure people received person centred and high-quality support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibilities for reporting to the Care Quality Commission and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify any areas for improvement.
- The results of the various quality assurance checks were used to plan improvements to the service and these were shared with people and staff.
- Regular handover and staff meetings provided opportunities to discuss current practice, support and any required changes. Handover records required further development to ensure consistent information was recorded for shift handovers. The registered manager told us they would address this with staff.
- Ratings from our last inspection were displayed in the service, in line with legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to share their views about the service. The person we spoke with told us, "If I want to discuss anything, I can talk to the staff. [Registered manager] put a suggestion box for us to make comments. I filled it up."
- The provider had displayed names and photographs of staff who worked at the service and key staff at head office who people could contact to share their views or concerns.
- Staff told us they felt listened to and were given different opportunities to share their views. Staff

described the registered manager as approachable, supportive and always available to listen and provide guidance and support where required.

- Staff had established links with the local community to support people to go out as safely as possible.

#### Continuous learning and improving care

- The provider had systems and processes which were used to share learning and good practice throughout the organisation. This helped to ensure shortfalls in one service were not repeated in other locations.
- The registered manager attended forums and regional meetings to share best practice and keep up to date with changes in requirements. This knowledge was shared with the deputy manager and staff to enhance and develop working practices.

#### Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with day services, commissioners and health and social care professionals.