

Freivan Support Services Ltd

Freivan Support Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Freivan Support Services is a domiciliary care agency registered to provide personal care. At the time of the inspection, four people were receiving support with personal care.

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

Risks to people were not always recorded or mitigated against. Recruitment processes were not always robust. The provider was unaware of up to date guidance on infection prevention and control and did not record staff testing satisfactorily.

Care plans were not always person-centred; People needs were not always recorded correctly and we found an instance where information had been copied from one person's care plan to another. Relatives told us people's communication needs were met but the provider was not recording these in sufficient detail. People's end of life wishes were not recorded. We have made a recommendation about this.

The provider did not have up to date oversight of staff training and had not made observations of staff at work.

Quality assurance systems and processes at the service were ineffective. The provider had not completed any spot checks at the time of the inspection nor audits of care plans or staff files.

At the time of inspection no one was being supported to have their medicines administered.

Staff were trained to safeguard adults from abuse and there had been no incidents or accidents at the service.

Assessments of people's needs had been completed with people in line with the law. The service recorded people's care in communication logs. People's nutrition and hydration needs were met. People's care was carried out in their best interests and staff understood the law in this regard.

Staff were respectful of people's equality and diversity. People and relatives told us staff treated people well. People and relatives were able to make their views known to the service. People's privacy and dignity were respected, and their independence promoted.

People and relatives told us they would feel comfortable to complain if required.

Staff were clear about their roles. Management were able to tell us how they would respond if things went wrong. The service sought to work with other agencies to the benefit of others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recording risk and governance at this inspection.

We have made two recommendations to the provider. We have recommended they follow best practice guidance around observing staff and recording people's end of life wishes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Freivan Support Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 22 June 2022 and ended on 31 August 2022. We visited the location's office/service on 23 June 2022.

What we did before the inspection

We reviewed information we held received about the service. We sought feedback from the local authority and professionals who might work with the service. 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

used all this information to plan our inspection.

During the inspection

We spoke with two relative of people who used the service about their experience of the care provided. We spoke with the nominated individual, who was also one of the directors for the provider, they are responsible for supervising the management of the service on behalf of the provider. We spoke with one care coordinator and three care workers for the service. We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

We continued to seek clarification from the provider to validate evidence found. We looked at further evidence sent to us by the nominated individual regarding training, care plans and quality assurance.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always recorded and information provided to staff did not always mitigate risks. We looked at four people's care plans and saw a variety of risks recorded. However, risk assessments did not always record risks with regards to their health conditions and/or diagnoses nor provide instruction to staff which would mitigate risk.
- For example, one person's care plan indicated a person had epilepsy. There was very little information about how to manage seizures in the person's risk assessment, though it was stated the person had not had one in a long time.
- One person's care plan stated they may have 'potential behaviours.' There was no information about what these behaviours were, whether they were a risk to themselves or others. There were no instructions for staff how to manage these "potential behaviours." Similarly, we saw the term 'risk of behaviours' used in another person's risk assessment without any clarification and what this meant.

The provider had not ensured risks to people were assessed and or mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

The nominated individual, who supported us with the inspection, was able to explain what the term behaviours meant for each person and recognised these were not recorded in the care plan. They subsequently updated all their care plans and risk assessments following our inspection and provided us with a seizure procedure.

Staffing and recruitment

- Recruitment measures at the service were not always robust. We looked at four employee's staff files. Most checks, including criminal records checks, had been completed with staff before they started working to ensure they were competent and safe to work with vulnerable people. However, we found one person's file lacked references and some application forms did not provide a lot of information about employment histories.
- The nominated individual told us discrepancies were due to their staff moving over from one part of the provider's business, a recruitment agency, to the domiciliary care agency which we were inspecting.
- Relatives and staff told us there were enough staff. One relative said, "they do turn up on time." The nominated individual showed us staff rotas which confirmed what we were told.

Preventing and controlling infection

- At the time of the inspection the provider was unable to demonstrate they were following government guidance on infection prevention and control. We asked the nominated individual about the regularity of COVID-19 testing of staff and whether this was in line with government guidelines. They told us they had no systems in place to request or record staff testing, so were unable to demonstrate best practice in this area. This guidance has now changed, and their practice would be in line with current government guidance.
- Relatives told us staff wore Personal Protective Equipment (PPE). Staff confirmed this. We saw some PPE supplies in the provider's office space. The provider's training matrix indicated all staff had received training in infection control and staff confirmed they had taken this training. One staff member told us, "With COVID we take their [people's] temperature and then use sanitiser, and you make sure everyone gets tested from time to time. You do regular cleaning, disinfect. Similarly, with food make sure the food is kept in date."

Using medicines safely

- At the time of our inspection no one using the service was having their medicine administered by staff. The provider still recorded the medicines people were taking and the risks associated with them.
- Staff had received training in how to administer medicines and were competency assessed in this regard. The provider had a medicines policy for staff to follow.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse. Staff were trained in safeguarding people from abuse and there was a safeguarding policy for them to follow. At the time of our inspection, there had been no safeguarding concerns about people using the service. The nominated individual told us they would inform the local authority and notify CQC if they believed abuse had occurred.
- One relative told us they felt safe when being supported by staff. They said, "Yes they do [know how to keep person safe]. There have been no issue with keeping them safe."

Learning lessons when things go wrong

- At the time of our inspection there had been no incidents or accidents. The provider had an incident and accident policy and the nominated individual told us staff would follow this in the event of something going wrong. They told us they would record incidents and accidents and complete actions to ensure people were kept safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. Improvement. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the time of our inspection, the provider had not kept their systems up to date to effectively monitor staff training. At inspection we asked the nominated individual to show us what training staff had completed; we were shown a training matrix which the provider informed us was incomplete. They subsequently sent us an up to date matrix following the inspection as well as training certificates to indicate staff had undertaken all the training they needed to complete their roles.
- There had been no observations of staff at the time of the inspection. This was not best practice.

We recommend the provider follow best practice guidance with respect to oversight of staff and their training.

- Staff inductions were recorded, and staff were expected to complete the Care Certificate as part of their induction. The Care Certificate is entry level training for employees new to care. The training matrix indicated all staff had completed the Care Certificate as a minimum.
- Staff received one to one supervision from the provider. Supervision notes showed employees received guidance from the provider and were able to raise concerns. One staff member said, "Yes we do [have supervision], it is regular supervision. We can talk about whatever we need to talk about and get guidance."

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

- People's needs were assessed before they began using the service. Assessments were the foundation of people's care plans. Assessments recorded information about people's needs and choices including health conditions and their social circumstances.
- Assessments were in line with the law; identifying people's protected characteristics, providing information about their cultural needs.

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

- People were supported to eat and drink where required and to maintain a balanced healthy diet. Care plans recorded people's dietary needs and how to maintain healthy nutrition and hydration levels. For example, one person's care plan stated how they required support with some aspects of nutrition, should eat vegetables and fruit and drink 1.5 litres of water daily.
- Staff were trained in food hygiene and fluids and nutrition. One staff member said, "Sometimes some clients have different needs with swallowing, some who need special cutlery to eat, and you have a bowl with a ring so the food doesn't spill over. The info is in their care plans."

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

- Staff worked with other agencies to provide effective care for people. Care notes provided records of how staff worked with people and these could be shared with other professionals if required.
- We saw the provider worked alongside health and social care professionals, so people received the care they needed. We saw evidence of professional involvement from social workers, occupational therapists and speech and language therapists.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to make their own decisions and choices. One relative told us permission was sought from their non-verbal family member before care was provided. They said, "They speak to [person] and provide care in a way and interact with them and ensure that they are comfortable and in agreement with the care that they carry out."
- Care plans contained information about people's capacity to make decisions. They were consent agreements in people's care plans. These were signed by people where possible or by other people, such as relatives or advocates, needed to be involved in decision making. Staff were trained in MCA. One staff member told us, "I have to understand their capacity. the person has power to make their own decisions."

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.

This is the first inspection of this newly registered service. This key question has been rated Good. 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's equality and diversity was respected. People's cultural needs were recorded in care plans. For example, we saw people's faith was recorded, their gender, sexual orientation and their socialising preferences. staff were trained in equality and diversity. One staff member said, "We work with people with different needs and take into account their culture, their religion and their beliefs and support them."
- People and relatives told us people were treated well by staff. One relative told us, "I am happy with the service they provide." At the time of the inspection the provider had not sought feedback from people about their care. Following our inspection this was done and feedback garnered was positive. One feedback form we saw stated how a carer had changed a relative's life for the better.

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

- Care plans contained areas for people to sign so as to indicate their involvement with the plan. People using the service at the time of the inspection were unable to sign them due to their needs. Their relatives told us they were involved.
- Relatives were able to express their views and be involved with decisions about people's care. One person said, "I was involved in the care plan and we can review it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and relatives told us people's privacy and dignity were respected. One relative said, "Yes they do [respect family members privacy and dignity]." A staff member confirmed, "When you are giving someone personal care you shut the door so no one else can see them naked and keep their files and information in a secure place." Staff received training in dignity.
- People's confidential information was stored in locked cabinets and or on password protected electronic devices.
- People's independence was promoted. Care plans sought to empower people and provided instructions for staff which placed emphasis on encouraging people to do what they could. One staff member said, "We encourage them to do what they can."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

End of life care and support

- Care plans did not contain information about people's end of life wishes. We discussed this with the nominated individual and how there should be the possibility for this to be explored with people and or their relatives.

We recommend the provider should follow best practice around recording end of life wishes.

- At the time of our inspection no one at the service was at end of life. The provider told us they would be able to provide training for staff on end of life care should the service begin working with people who required this type of care.

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

- Care plans were not always person centred. The provider had attempted to place people at the heart of their own care using people's names to personalise the care. However, we found some care plans did not fully identify people's needs and their conditions were not always given importance.
- For example, one person's care plan stated they had a lifelong health condition that affected their movement and co-ordination. This condition was not named until halfway through a section of the care plan and there was no specific information about this condition or what it meant for people or staff working with them.
- Similarly, most people using the service had learning disabilities and or autism. There was no specific information about people's conditions.
- We also found information which had been copied and pasted from one person's care plan to another person's. This led to there being contradictory information about the person's personal care routine. One part stating there was no access to a shower whilst another part stating a shower chair is used.
- We discussed these issues with the nominated individual, and they were receptive and responsive to our feedback. Shortly after the inspection they provided updated and improved care plans. Improved care plans were person centred and focused on people's needs and preferences.

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.

- Relatives were happy with how staff worked with people with communication needs though we felt the

recording of information required improvement. One relative said, "[Carer] knows [person with communication needs] and [person] is happy." The service recorded people had varied communication needs but these were not sufficiently detailed. Care plans used terms such as "[Person] can communicate through expressions and gestures" but did not provide further information about what expressions and gestures might mean. This meant staff could face difficulty interpreting what people wanted.

- We spoke with the nominated individual about this and following the inspection they provided updated care plans placing emphasis on communication and the type of language people used, such as Makaton and PECS (picture Exchange Communication System). They also told us documentation could be made available in different formats, such as large print, for people who required them. One staff member told us how they might meet a person's communication needs. They said, "[Person] is non-verbal, blind and deaf and when they are happy you know. They have a wheelchair and when she is getting agitated she will show you she is not happy; but when she is happy she has a beautiful smile."

Improving care quality in response to complaints or concerns

- The provider had received no complaints. Relatives told us they would complain if they needed to. One relative said, "I have had no reason to complain fortunately but I would if I needed to." There was a complaints policy and the nominated individual told us they would use any complaints received as potential means to improve care.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of inspection the provider had few quality assurance measures in place. The nominated individual told us they had not completed any audits; care plans, staff files or care notes had not been audited to ensure the quality of people's care. The completion of such audits were highlighted as necessary in the provider's policies. If these had been done the provider would have potentially found some of the issues we found on this inspection, such as incomplete risk assessments
- During inspection we found training monitoring was not up to date. It was not apparent what training staff had completed. We were concerned at that time as it was not apparent whether any staff had been trained to work with people with learning disabilities and or autism. Following the inspection the provider sent us an updated training matrix which stated all staff had been trained to work with people with learning disabilities and or autism.
- Similarly, in this regard we signposted the nominated individual to CQC guidance "Right Support, right care, right culture" for services working with people with learning disabilities and or autism.
- Risk assessments and care plans did not always contain sufficient information for staff to meet people's needs.
- We were supported throughout the inspection by the nominated individual as the person applying to be the registered manager was unable to support us at the time of the inspection. Following the inspection, the provider told us they are seeking to recruit a new registered manager.

There were ineffective systems to assess, monitor and improve the quality of the service and the service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us a number of audits, including some relating to health and safety, people's nutrition and staffing and recruitment.

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

- The service was small and had not had many meetings with people or relatives. Similarly, the provider had

not set up systems to gather feedback from people and or relatives. However, following inspection we had feedback forms from relatives sent to us which provided them an opportunity to feedback on care and engage with the service.

- The service sought to engage staff in the service. The provider held individual and group meetings with staff. This gave staff the opportunity to be involved with the service and have their say on matters affecting how the provider worked with people.
- Relatives spoke positively about the service management and staff. One relative said of management, "They have been available when I need to speak so I think they are good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Staff were clear about their roles. Staff we spoke with were clear about their roles and knew about the management structure of the service. Staff files contained job descriptions which outlined people's roles.
- The service had not completed any notifications or safeguarding alerts. However, the nominated individual told us they were aware of the providers responsibilities with respect to regulatory requirements and would complete any alerts or notifications.

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 nominated individual told us they would seek to address issues if things went wrong and apologise where the service was found at fault. At the time of our inspection there had been no incidents, accidents or complaints.

Working in partnership with others

- The service worked in partnership with other agencies. The service had links with health and social care professionals and had linked in with a local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always recorded and or mitigated.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient quality assurances processes in place.