

Free Spirit Support Services Ltd

# Free Spirit Support Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

Free Spirit Support Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, including people living with dementia, people with sensory needs, physical disabilities, learning disabilities and mental health needs. Not everyone using the service received the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection seven people were receiving personal care as part of their care package.

At our last inspection, we found concerns with audits and good governance and the registered manager provided us with an action plan setting out how they would make improvements and by when. At this inspection we found action had not been taken and the registered manager had not implemented monitoring or auditing processes to manage the quality of the service.

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

People were not always protected adequately against risk of harm. Risk management had not improved since our last inspection. Risks were not always assessed or reviewed. There were no systems in place to record and report incidents. Staff were not always provided with the information to support people with their medicines in a safe way. There were no systems in place to review these records, or to monitor if people had received the support they required with their prescribed medicines.

Risks associated with people's care needs had not been fully assessed and planned for. People's care plans did not contain detailed guidance for staff or reflected people's current needs. Staff had not consistently received training. New staff had not received any training or full induction other than shadowing opportunities with experienced staff. Staff had not received formal opportunities to review their work and development needs.

Informal support through text or email was received, however was described as not supportive when issues or concerns were identified.

People who had capacity consented to care and treatment. However, for those that lacked capacity there were no policies or systems in place to support this practice. The principles of the Mental Capacity Act 2005 were not fully understood. The registered manager was not aware of the action required should a person be restricted of their freedom and liberty.

There was very little leadership and oversight of the service was poor. There was insufficient risk management and quality monitoring. Auditing was not robust and there were missed opportunities for learning and improving the quality of care.

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 and update

The last rating for this service was Requires improvement (published 07 March 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 15 February 2019 and found concerns with how the provider monitored the quality of the service. The provider completed an action plan after the last inspection, detailing what action they would take to improve and by what date.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care services inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Free Spirit support service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

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 keeping people safe, care delivery, staff supervision, staff induction, mental capacity, leadership and oversight of the service at this inspection.

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 for 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 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?

The service was not always safe

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

**Inadequate** ●

# Free Spirit Support Service

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

Free Spirit Support Service is a domiciliary care service and provides personal care to people living in the community.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they 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 three weeks' notice of the inspection visit because it is small, and the registered manager was unavailable, and we wanted to make sure the registered manager would be in.

#### What we did

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

At the provider's office we spoke with the registered manager, we reviewed the care records for three people

who used the service. We also looked at a range of other records relating to the running of the service such as six staff files. We also spoke with the registered manager about the action they took to check on quality and safety.

After the inspection

We sought further information from the provider to inform our inspection judgements. This included staff training data and policies.

Telephone calls to people who used the service and or their relatives, including five care staff where we received limited response were completed on 02 June 2021. We spoke with one person, that used the service and one relative. We visited the office location on 19 May 2021.



# 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 Requires Improvement. At this inspection this key question has now remained the same. 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.

- The medicine administration records were not accurate. Dates and full details of the person were missing from the record. This meant staff would not be able to identify the correct medicines for people and people were at risk of not receiving their medicines as prescribed.
- Information regarding people's prescribed medicines and the support they needed to take them, was not always recorded in their care plan.
- Staff confirmed they supported people with their medicines, but not all staff had completed their medicine training on the day of our inspection. The provider had not carried out competency assessments to ensure staff could safely administer medicines.

### Assessing risk, safety monitoring and management

- People with the condition diabetes or at risk of skin damage had no risk assessment or instructions for staff to mitigate and manage the risk. One staff member told us there were risk assessments for some people who were at risk of falls, but these no longer reflected their needs.
- We found an assessment completed by a healthcare professional for one person's mobility. Some of the information had been incorporated into the person's care plan, but no instructions for staff how they would manage any risk that may occur.
- Staff we spoke with were aware how they should care for this person and had good knowledge of the person's needs. This did not impact on people's safety, however, we were not assured risks associated with people's needs were being addressed.

The provider failed to ensure that all risks were managed and appropriately provided in a safe way. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Infection control

- The provider shared Public Health Infection control guidance with us but had not created an infection control policy to reflect the service.
- People were protected from the risk associated with cross contamination and COVID-19, as staff wore appropriate personal protective equipment (PPE) and were aware of the importance of wearing PPE during the pandemic. One person confirmed staff wore PPE when visiting.

### Staffing and recruitment

- Recruitment records had information missing to evidence safe recruitment and induction processes were being followed. This meant the provider and registered manager could not assure themselves that prospective staff were suitable to work with people and were of the right character.

- Four new staff had been employed in the last 12 months and in two staff files we found there was no evidence of a recruitment process or interview notes.
- There was no information to identify the right person had been employed, as the person ID was missing from the file.
- Reference letters had not been requested and followed up in line with the providers recruitment policy.
- Some of the files had details of their previous employment missing and some staff had not received an induction in line with the providers policy and procedure.

The lack of a robust recruitment process meant people were not protected from the risks associated with the employment of unsuitable staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did have enough staff to meet the needs of people.

Systems and processes to safeguard people from the risk of abuse

- There was a system in place to record and report safeguarding and allegations of abuse.
- Staff confirmed they knew how to recognise abuse and protect people. One member of staff told us they would report concerns to the registered manager. The registered manager was aware who they should raise safeguarding concerns with.
- People and their relatives said they felt safe with the staff who cared for them.

Learning lessons when things go wrong

- Processes were in place for lessons learned when accidents or incidents occurred. At the time of our inspection, the registered manager told us no incidents had occurred. However, we were not assured incidents had been identified and reported as no monitoring had taken place.
- Staff told us they were confident to report concerns to the registered manager, however they felt concerns were not dealt with effectively or in a timely manner.



# 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 Requires Improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive the training, support or supervision to meet the needs of people using the service.
- The training matrix told us, not all staff had completed mandatory training in a timely manner. This meant we were not assured all staff had the knowledge and skills to provide effective care.
- The training matrix was not up to date on the day of our inspection. The registered manager provided this information after the inspection. The information provided confirmed staff had not received or updated their training in a timely manner. This meant people were being cared for by untrained staff.
- New staff had not received a robust induction. One staff member said they had one week shadowing an experienced member of staff. However, due to the pandemic no formal induction had taken place.
- The provider had not explored alternative ways to ensure they gave their staff opportunities to review their individual work and development. For example, using technology.
- People told us the staff team had been in place a long time and they felt they had the knowledge to care for them. However new staff had been employed in the last 12 months.

The provider failed to ensure staff were trained, skilled and competent to meet people's needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. People living with the condition of dementia who lacked capacity to make choices had not been assessed. This meant the provider had not understood the principles of the MCA and had not implemented any changes since the last inspection.
- We noted there was written documentation to confirm people had given consent and agreed to the care they received. It was documented if people had a lasting power of attorney (LPA). This enables people to give another person the right to make decisions about their care and welfare or finances. However, there was no information about what type of LPA and what decisions could be made on other's behalf. This meant decisions could be made without the relevant permissions being in place.
- Staff told us they gained consent from people before they provided their day to day care. One staff member

said, "It is about people's ability to make decisions; understanding instructions, such as, what meals they would like; if they want music, etc. Some clients do not have the capacity to choose."

- Staff felt they had not received appropriate training to help them understand the principles of the MCA.

The provider had failed to ensure they had considered and recorded people's capacity when providing care and treatment. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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

- The registered manager told us staff had access to the provider's policies and procedures. Before the pandemic staff received copies of the policy and procedures to read and sign to confirm they had read and understood them. However, the registered manager told us this had not been the case during the pandemic.

- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This is important information to ensure people did not experience any discrimination.

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

- People's needs associated with any dietary needs had been assessed. Staff had documented what support people received in their daily notes in regard to nutrition and hydration.
- People had positive experiences when they received assistance with shopping and food preparation. No one raised any concern with us.

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

- People's care files identified when support and referrals were required from other professionals.
- The staff monitored people's health care needs and acted on issues identified. For example, one person's needs had been assessed by an Occupational Therapist due to their mobility deteriorating.

# 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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to put systems in place to demonstrate the service was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. No improvements have been made and the provider is still in breach of Regulation 17.

At this inspection, we found the registered manager had not completed audits and quality assurance systems to effectively identifying and addressing problems, even though they had submitted an action plan with a time frame that improvements would take place in March 2019 and actions would be completed by April 2019

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

- At our last inspection the registered manager told us they were aware risk assessments needed to be reviewed and they assured us this would be completed as a priority. However, the registered manager had not taken any action to address this in 24 months. This meant we were not assured the provider would take action, review and investigate to mitigate risk.
- There was no improvement plan to identify and drive improvement for the service.
- The provider had not ensured national recognised guidance in quality and safety standards had been implemented. For example, full names of people and date of birth were missing from MAR charts. There was an increased risk people may not have received safe care and support with their prescribed medicines,
- The provider had not updated their policy and procedures. For example, there was no policy for infection control or Mental Capacity. We requested copies after the inspection and the provider failed to supply any copies. The providers safeguarding policy was dated 2012. There had been changes to the Care Act 2014 and we were not assured these changes were reflected in the providers safeguarding policy.
- The registered manager had failed to complete any quality monitoring audits or review peoples care needs regular. This meant issues or concerns we identified were not being addressed or improved upon.
- There was no clear governance or legal requirements adhered to. The provider had not displayed their last rating of the service in the office.
- Risks associated with people's health conditions and support needs had not been fully assessed, monitored and mitigated. Written guidance for staff was not accurate and up to date. This meant there was a risk needs may not have been consistently met.
- Accurate and complete records were not kept showing how decisions were taken in relation to the care and support provided. The principles of the MCA were not fully understood.

- The registered manager had failed to monitor staff's training needs and checked their competency to ensure people received safe and effective care based on national recognised best practice standards. There was no oversight of staff training. No competency or spot checks had taken place to ensure staff were competent in the care they delivered or met people's needs. Neither had staff received formal opportunities to discuss their training and development needs.
- No staff meetings had taken place throughout the COVID-19 pandemic. The registered manager told us they kept in regular contact with staff, but nothing was recorded. Staff told us communication with the registered manager was limited.
- There was an opportunity for people to feedback their experiences about the service. However, the forms were not dated, so we could not clarify if they were current.
- The registered manager had not ensured confidentiality had been maintained. There was historical filing that was left out on a table and had not been filed or stored in line with data protection. This meant people's confidential information was not secure.

The provider continued to fail to provide a quality service that was regularly reviewed and updated. This is a continuous breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they could speak with the registered manager but found it more difficult during the COVID-19 pandemic, as the office was closed. They were not always satisfied with the communication and contact they received as the registered manager did not respond in a timely manner.
- Staff told us they were confident to report concerns to the registered manager, however they felt concerns were not dealt with effectively or in a timely manner.
- The provider had failed to respond to information we requested. For example, staff contact details had been supplied by the provider. However, we received very limited response from staff we contacted. On 25 May 2021 we requested the provider to check staff details and supply us with an up to date list, with no response to date. Documents we requested were not submitted. Such as, a copy of the statement of purpose and up to date MAR charts.
- Staff we spoke with felt the registered manager had lost direction. They described the registered manager as unapproachable and very difficult to contact. One staff member told us they felt it wasn't an open culture. They said, "One of the office staff was very difficult to get hold of; the other was very busy doing shifts, sorting staffs never ending rota changes. I am disappointed with the leadership and feel the company has lost its direction."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us their experience of the service was good. People received consistent care from a team of care staff that was personalised to their individual needs. One relative said, "The team of staff my family had were fab. They gave empathy and managed their condition well. We always had a copy of the Rota, so knew who was coming to the home".
- The registered manager was open and transparent about shortfalls within the service however they had failed to take action to make improvements.

Working in partnership with others

- The registered manager told us they did not have regular contact with outside professionals, but when they did good outcomes were achieved. They gave an example when working with an occupational therapist to ensure people were safe in their home and had access to relevant equipment.

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 11 HSCA RA Regulations 2014 Need for consent  The provider failed to follow the principals of the Mental Capacity Act 2005 for those people who lacked capacity to make decisions for themselves.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure that care and treatment was provided in a safe and effective way to keep people safe.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment practices were not promoted or followed to ensure suitable people were employed by the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure suitable, competent, skilled and experience staff were employed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality and safety of the services provided by the service.

### **The enforcement action we took:**

We served an warning notice for this breach of regulation.