

Freedom and Lifestyle Limited

# Freedom and Lifestyle Limited

## Inspection report

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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 and Lifestyle Limited is a care at home service providing personal care to 14 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Personal care is help with tasks related to personal hygiene and eating. Where the service provides this help, we also consider any wider social care provided.

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

People told us they received safe care and treatment. Staff undertook risk assessments for people they supported and any identified risks were managed well. Care staff understood the importance of safeguarding people they supported and they knew how to report accidents and incidents.

Consideration into a person's mental capacity was not dealt with entirely appropriately. This meant that the service may have been involved in unauthorised restrictions. We have made a recommendation about this that can be seen in the 'Effective' section of this report.

Staff had completed training in the safe administration of medicines. People were encouraged to maintain their independence and, where required, protocols were in place to support people to self-administer their own medicines.

People told us staff visited as planned and they were punctual. The registered manager had processes for monitoring visits and were planning to roll out new visit and support monitoring technology to enable the provider to monitor whether staff visited as planned.

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 liaised with health care professionals and supported people to attend appointments. People were supported to make healthy choices in relation to lifestyle. People told us staff helped them to prepare meals and accompanied them to appointments.

Staff received training which enabled them to provide safe and effective care. Senior staff regularly observed staff in practice. Staff received regular supervision from the registered manager and told us they felt supported.

People and their relatives understood how to make a complaint. People told us they felt listened to. There had not been any complaints since the last inspection.

There was information available throughout people's support plans which enabled staff to provide person-

centred care. People and their representatives had been involved in the care planning process.

The registered manager maintained clear records of quality assurance and good governance. People and their relatives provided consistent positive feedback about the registered manager, office staff and individual members of the care staff.

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 7 January 2107).

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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Freedom and Lifestyle Limited

## **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:

This inspection was conducted by an inspector and Expert by Experience. The inspector visited the office to review records and speak with management and staff and the Expert by Experience spoke with people on the phone to seek their views about the care they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

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

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:

This inspection was announced. 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 provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection:

Our planning took into account information the provider sent us since the last inspection. We also

considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection:

We spoke with five people who used the service and five relatives. We spoke with the registered manager, a provider's representative, two senior staff who were based in the office and two care workers.

We reviewed four people's care records, four staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection:

We continued to seek clarification from the registered manager and provider representative to validate evidence found. We looked at training data, policies and quality assurance records.

# 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

- There were effective systems and processes in place to protect people from abuse. Staff understood how to look out for signs of abuse and how to report their concerns.
- People's relatives told us staff protected them from avoidable harm. One said, "We feel very confident with the carers. They always make sure my relative is safe and well."
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the emergency services, to the Care Quality Commission and the local authority. Staff told us they were trained in basic life support and felt they would be competent to follow the accident and incident policy and procedure.

Assessing risk, safety monitoring and management

- The registered manager and senior staff assessed and managed risks to keep people safe. This occurred before they started to provide a package of care. Risk assessments had been completed for people on an individual basis and support plans reflected how their safety would be protected.
- Records showed assessments were undertaken for people's physical and emotional needs, financial support, their home environment and medicines management.
- Staff engaged health and social care professionals when specialist advice was needed. For example, people were assessed by a specialist nurse when there were special ways of feeding and staff arranged to support the individual were trained by the nurse to use the equipment safely.

Staffing and recruitment

- People told us they were happy with their allocated visits and staff were routinely on time. One person said, "They are good, on time and will phone me if held up for any reason. They always stay my full time and never missed coming."
- The office staff organised staff teams in geographical areas to prevent late calls. Staff told us this worked well and some staff worked in close proximity to a group of people receiving support and were able to travel quickly between visits.
- The registered manager followed robust recruitment processes. Employment history and character references were sought before staff were appointed and Disclosure and Barring Service checks were completed to make sure staff were suitable to support people who may be vulnerable.

Using medicines safely

- People were prompted to take their medicines and staff administered medicines when needed. The service had a medicines policy in place which covered the recording and administration of medicines.

- We found that some medicine administration records (MARs) were not consistently completed in a clear and accurate way. In addition, checks on the MARs sometimes occurred many weeks after the records had been completed and were therefore ineffective at spotting and dealing with issues.
- During the inspection the registered manager assured us all MARs would be checked in a timely fashion for accuracy and amendments would be made if needed. We also received written confirmation from the provider representative that this had been completed and a computerised system of checking would be introduced in the near future.
- There was no evidence that people had been harmed in relation to the recording issues we found or had missed their medicines. People said that they were happy with the way the service supported them with their medicines.

#### Preventing and controlling infection

- People were protected against the risk of infection. Staff had access to protective clothing and had received training in infection control and food hygiene. People and their relatives told us that staff wore protective clothing.

#### Learning lessons when things go wrong

- The registered manager used staff meetings and supervisions to share best practice ideas including, how to learn lessons when things go wrong. The registered manager demonstrated good knowledge of learning from incidents and knew how to seek support from external professionals when faced with a situation they were unfamiliar with.
- People's care records evidenced staff learnt lessons when things went wrong. For example, if a person was not home when staff visited, steps would be taken to ensure the person's safety by ringing relatives or making other enquiries.



# 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider had failed to properly assess and document people's mental capacity. This was particularly relevant to people's ability to make decisions about all areas of the support they received.

At this inspection we found that this area had been improved and assessments documented decision specific issues within care plans that staff could access. These included, for example, people's understanding and ability to deal with their medicines. However, other concerns were seen around the service failing to take appropriate action when people's understanding of the need to be supervised had changed.

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. 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.

- In one case, we noted that a person's mental capacity had deteriorated over time and, as such, they could not consent to restrictions and supervisions that were imposed. Although it was clear that the service believed it was acting in the person's interests, these restrictions required lawful authority and representations should have been made to the local authority around the changes. After the inspection, we noted that the provider representative was to make representations around these concerns so social care professionals could make an informed decision around seeking lawful authorisation.

We recommend that a system of review is implemented around people's mental capacity and, where appropriate, formal and documented representations are made where there are concerns that restrictions may be unauthorised.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- We looked at people's support plans which showed detailed assessments had been undertaken before services were agreed. The assessments showed liaison with the person's involved relatives and professionals such as social workers, district nurses and GPs.

Staff support: induction, training, skills and experience

- People were supported by trained, competent and skilled staff. Staff underwent an induction process and the manager observed their practice before they were deployed to work alone. A relative said, "I am more than happy with the carers' skills and training. They are all very good."
- Staff told us they enjoyed the training provided and believed it gave them the knowledge and skills to provide safe and effective care.
- The registered manager supervised and appraised staff members' performance. Staff told us supervisions were pro-active, supportive and focused on their development. One relative said, "Yes, well trained and skilled and every so often someone from the office will come and check things as well."

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

- People were supported to eat and drink enough. One person said, "My relative needs assistance with feeding. Care staff are really good and encourage properly. My relative eats well and can choose what he wants to have."
- People were risk assessed in relation to the risks associated with nutrition including weight loss, weight gain and swallowing. The registered manager referred people to speech and language professionals and dieticians when needed.

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

- The service worked with other agencies and professionals to ensure people received effective care. Where people required support from other professionals, this was arranged and staff followed any guidance provided.
- People were encouraged to maintain their life skills and safety when preparing meals and, where appropriate, were monitored by staff.
- Staff provided people's personal carers, which often included relatives, with the opportunity to take respite and look after their own wellbeing.

# 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; Respecting and promoting people's privacy, dignity and independence

- People were treated in a kind and respectful way. We received positive feedback from people and their relatives. Typical comments included, "The carers are all very nice and friendly and good whoever comes. Very caring, all of them" and, "Very caring indeed and very pleased with all of them. Cannot do enough for me."
- Staff were trained in equality and diversity and people's support plans showed assessment of people's needs and preferences in relation to sexuality, gender, age, culture and religion.
- People's support plans contained information about people's background and life. This enabled staff supporting them to understand what was important to them and prompts for conversation. Staff told us this was helpful when supporting people.
- Relatives consistently told us about their experience of staff being kind and patient when providing support to their loved ones. One said, "They have full respect. They never rush my relative and ensure the door and blinds are closed."
- The registered manager ensured staff were consistently deployed to aid continuity for people being supported. Staff told us this enabled them to build trusting relationships with people and their relatives. One relative said, "Yes, I normally get the same care staff that come to me and I like that."
- Confidential documents were locked away at the office with only authorised staff having access to them.

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

- People and their relatives were encouraged to be involved in the care planning process and to make decisions about their care. Records showed people's involvement and agreement to services provided. A person told us, "They are very considerate. I have recently been involved in a review of the care plan because my condition has changed and the GP wanted me to try a new treatment."

# 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 registered manager developed person-centred support plans with people's involvement. Staff had access to care summary documents at people's homes which provided important information about the person they supported. The documents were reviewed on a monthly basis and updated as people's needs and preferences changed. One person said, "I deal with my care plan with them and it is all up to date." Another said, "I do that with my family when they come to ask and have it here with me."
- People and their relatives told us they received support in line with their preferences and wishes. Staff understood the importance of providing people with person-centred care and demonstrated good knowledge of the needs for people they supported.

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.

- Staff understood how best to communicate with people they supported. Support plans contained information about people's language, sight, hearing and cognition. The registered manager assessed the best ways to aid communication. This was considered routinely and when a person was referred to the service. The registered manager said that any important documents could be provided in any format and this included in braille, easy to read and pictorial formats.
- People were supported to access and attend appointments with professionals to aid their communication. For example, we noted referrals to opticians, audiologists and speech and language team.

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

- The registered manager and staff supported people to maintain relationships and attend social activities. People were monitored for social isolation and the registered manager would inform the nearest relative if they were not undertaking their usual routine both at home and in the community.
- People told us staff took time to sit and talk with them. One person said, "They always stay for the correct time and sometimes sit down and we have a chat and a laugh. They are lovely."

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure and told us they felt confident to raise any concerns. Relatives told us, "Only had an issue a while ago. We raised it and it was all sorted out. No bother." Another

said, "I'm happy raising anything with staff or the office. Things are quickly sorted out."

- The service had not received any formal complaints since the last inspection.

#### End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. Records included information relating to people's preferences at end of life and culture and spiritual needs.
- At the time of the inspection staff did not support anyone with end of life needs. The registered manager said that, if required, staff would work with relatives and alongside community health care professionals to support people near to end of life. Training would be given for staff who had not received training in end of life care support.

# 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 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

- There was a positive culture which drove effective person-centred care. This was observed whilst talking with staff, management and in the atmosphere at the office.
- People and relatives told us the staff team were consistently friendly and respectful. Staff told us they felt involved in decision making processes and in the running of the service.

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 service had a policy and management had an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology.
- The registered manager said, "We take honesty and openness very seriously. If things go wrong, you can always obtain better outcomes by being open with people and including them in the solution."

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

- The registered manager and staff were clear about their roles and had a job description and employment contract which specified the provider's expectations. The registered manager had good awareness about what information needed to be shared with all regulatory bodies.
- Notifications the registered manager and provider were obliged to make such as those involving injury or alleging abuse, had been made to the CQC and local authority.
- There was an on-call system that provided support to people and staff.

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

- All the people and relatives we spoke with told us management staff were approachable and that they felt fully involved in their care and support arrangements. Some confirmed that they could participate in annual surveys if they wished.
- Staff members we spoke with were complimentary about the registered manager, provider's representative and support they received from office staff. Records supported that regular staff meetings

were being held.

- The service had received a number compliments from people and relatives about the service and individual staff members. One said, "We were very lucky to have such kind dedicated staff. Thank you all for the help you provided."

#### Continuous learning and improving care

- There were systems and processes to monitor, access and evaluate the service. The registered manager maintained clear auditing records and evidenced when action had been taken. The registered manager was aware of shortfalls around the Mental Capacity Act described in the 'Effective' section of this report and had planned for continued development in this area.
- We noted that the provider representative had some involvement in checking that the service was effective and compliant with legislation. However, they left most of the auditing and checking to the registered manager. On occasions, this meant the registered manager was checking their own work. After the inspection, they wrote to CQC and explained that a regime of 'provider led' checks would be implemented and this would be linked to the computerised system that was due to be introduced.

#### Working in partnership with others

- The registered manager worked in partnership with other agencies to ensure best practice was learnt. People's support plans showed engagement with health and social care professionals and staff were encouraged to seek advice if they were unsure of how best to support an individual. We noted that this included work with district/community nurses and GPs to ensure 'joined-up' care.