

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Free Spirit Support Service is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were five people using the service.

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.

Peoples experiences

Work was still ongoing to ensure medicines administration records were up to date and accurate.

Improvements were noted but they still lacked detail.

Risks were monitored and managed more effectively. However, improvement was still required to the detail of information to ensure staff fully mitigated any risk for people.

Enough staff were employed in ratio to the number of people using the service. Infection control was in line with government guidelines. Lessons learned identified shortfalls and improvement was ongoing.

The service followed the principles of the mental capacity act (MCA) to ensure people's rights were adhered to. The service worked well with other professionals and made referrals as and when required.

The provider gave limited support to ensure the service run well. The deputy manager in place had identified shortfalls and was enthusiastic to succeed.

Improvements were identified but not sustained at this time. Policies and procedures were still being developed. Governance required more detail to ensure it was fit for purpose.

Rating at last inspection

The last rating for this service was requires improvement (published 02 August 2021) and there were multiple breaches 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 enough improvement had not been made/sustained and the provider was still in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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. The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led

We have made a recommendation about the management of some medicines.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 always well-led.

Requires Improvement ●

Free Spirit Support Service

Detailed findings

Background to this 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . We also checked whether the provider had met requirements of breaches regulation 12 (safe care and treatment), regulation 11 (Consent), Regulation 18 (Staffing) and regulation 19 (fit and proper persons employed).

Inspection team

This inspection was carried out by one inspector.

Service and service type:

Free Spirit Support Service is a domiciliary care service and provides personal care to people living in the community. including people living with dementia, people with sensory needs, physical disabilities, learning disabilities and mental health needs.

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.

There was a deputy manager in charge on the day of our visit. The provider had limited involvement and oversight for improvements made to the service as they provided limited support to how the service was being run.

Notice of inspection:

We gave the service one weeks' notice of the inspection visit because it is small, and the registered manager was unavailable. We wanted to make sure the providers representative would be at the service.

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 deputy 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, three staff files and the quality monitoring of the service where improvements had been made. We contacted relatives of people who used the service and four care staff where we received limited response.

After the inspection

We sought further information from the provider to inform our inspection judgement. This included Medicine audits, policies and recruitment processes.



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.

At our last inspection the provider had 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.

Using medicines safely

- At the last inspection the medicine administration records were not accurate. Dates and full details of the person were missing from the record. At this inspection we saw some improvements had been made, however, further improvements to the recording of information was required.
- Care plans contained Information regarding people's prescribed medicines and preference to how they wanted to take their medicine.
- The deputy manager told us they had ensured all staff had completed medicine training and had their competency assessed to ensure medicine was administered in a safe way. Plans were in place for staff to undertake regular refresher medicine training and this was ongoing at the time of the inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, improvement was still required.

- We found some medicines had been handwritten on medication administration records (MARs) but these had not been signed or counter signed. There was a risk of people not receiving the correct named or dose of medicine.

We recommend the provider consider good practice guidance on handwritten medicine administration records for peoples prescribed medication and take action to update their practice accordingly.

Assessing risk, safety monitoring and management

- At our last inspection people with the conditions such as diabetes or who were at risk of developing pressure sores had no risk assessment or instructions for staff to mitigate and manage the risk.
- At this inspection we found risk assessments were in place and managed effectively. However, in some cases the risk assessments could provide more detail so new staff could identify people's deteriorations more efficiently. The deputy manager told us they would address this.
- All care plans and risk assessments were under review. People and families had more involvement regarding people's care planning. There was regular contact with people and their families, such as telephone conversations and home visits by the deputy manager.
- Care files we viewed contained information leaflets for people's known conditions, this supported staff to identify symptoms and take appropriate action where needed.

- Equipment was in place when it had been identified a person was at risk of skin damage.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, improvement was still required.

Preventing and controlling infection

- At the last inspection the infection control policy was not effective for the type of service.
- At this inspection the service infection control policy was still being developed. The deputy manager had worked hard to address issues and concerns from the last inspection since they came into post.
- The deputy manager told us all staff had completed donning and doffing training to ensure staff put on and take off Personal Protective Equipment (PPE) in line with government guidelines.
- Staff files identified infection control training undertaken and certificates reviewed confirmed this.
- There was sufficient supply of PPE. One member of staff told us, "PPE is readily available for all staff, and in the service user's homes."

At our last inspection the provider's 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 person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19. However, improvement was still required in some areas.

Staffing and recruitment

- The induction process was still being developed, but improvement had been identified.
- New staff had still not received a full induction but had shadowed more experienced staff over three days. Since the last inspection only experienced staff had been employed to ensure people were cared for safely.
- Interview notes had been completed for each new member of staff, but still no rationale why the staff was employed. The deputy manager said they would review and address this.
- The deputy manager was new to the service and had identified the shortfalls in the induction process and was eager to improve and adapt the process.
- There were sufficient numbers of staff to care for the people at the time of our inspection. Staff confirmed there was enough staff to care for the number of people who used the service.
- The deputy manager told us they would increase staffing levels as and when more people request support from the service.

Learning lessons when things go wrong

- Shortfalls and issues regarding poor communication with staff and people who used the service had been identified. The deputy manager had implemented a weekly meeting where staff came together to share information and updates on the service. One staff member said, "The meetings are an opportunity to highlight any concerns, pass on information or gain information regarding people. Any concerns appear to be dealt with and resolved quickly." This meant communication between staff and management had improved.
- Spot checks were implemented to ensure the monitoring of service delivery was consistent. The deputy manager had delegated some of the operational tasks to staff. Staff told us the deputy manager promoted teamwork, which was an improvement since our last inspection.
- Historic filing in the office had been cleared. The files and paperwork were more manageable and kept securely.

System and processes

- Systems were in place to record and report safeguarding and allegations of abuse.
- Staff confirmed they knew how to recognise abuse and protect people. The deputy manager told us there had been no safeguarding issues since our last inspection.
- One relative told us, "The carers are professional and friendly, and we enjoy having them around, they have become part of the "family. "

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection 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.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 18. However, improvement was still required in some areas.

Staff support: induction, training, skills and experience

- At this inspection training and support had improved. Training and development were monitored, but not always recorded. A training matrix had not been fully implemented. The deputy manager told us they were aware of staff training completed and were regularly monitoring this in the interim of setting up the matrix.
- Staff were supported by supervision, weekly meetings and spot checks. The deputy manager was assured that staff have the knowledge and ability to care for the person. We saw certificates on staff files that confirmed the training they had completed, and these were in date.
- One Relative said, "I have every praise for Free Spirit Support Service. The carers are professional and friendly, and we enjoy having them around."

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

At the last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11. However, improvement was still required to ensure improvement was sustainable.

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.

- Some staff had received MCA training and the deputy manager told us they were investing in a full MCA training programme, but in the interim staff meetings were arranged to ensure staff understood the principles of the MCA.

- Mental capacity assessments had been implemented, but reviews of people's capacity were still being completed for people who lived with the condition of dementia. This was part of their care reviews.
- The service MCA policy had been developed and implemented to ensure people were not deprived of their human rights or liberties restricted. This meant the provider was working in line with the principles of the MCA.

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

- People's individual needs, choices and preferences were assessed before using the service.
- Where people were new to the service, they were complimentary about the support they received from the staff.
- People that were long-term users of the service were very happy with the care and support received and told us it met their needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew the people well and understood their food and drink needs and preferences.
- Staff told us they encouraged healthy eating where possible.
- Care plans identified people's food likes and dislikes.

Staff working with other agencies to provide consistent, effective and timely care

- People were supported by other professionals when required, for example, involvement of physiotherapist and fall team.
- Staff were clear about when to contact an external healthcare professional if needed, for example in the event of an emergency.

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 inadequate.

At this inspection this key question has now improved to 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. Whilst improvements had been made these need to be sustained and embedded.

At the last inspection 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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 had not taken action to address issues and concerns found over a period of 24 months.
- The provider gave limited support to the service. They had lost direction in the way the service was run. However, this had no impact on people and the care they received.
- At this inspection the provider still gave limited support to the deputy manager.
- Medication administration records (MAR) were completed, but still required improvements to ensure they were accurate and followed national recognised guidance in quality and safety standards for administering medicines. No completed audits of the medicine administration record had been shared with us. Handwritten MAR had no signatures to ensure the medicine and dose were correct.
- Policies were still being updated. The mental capacity policy was in place. The deputy manager had consulted an outside company for support with other policies, such as infection control to ensure they were safe and robust policies to support the service, but these had not been implemented.
- There were no recorded monitoring systems in place for staff training completed. This meant system and processes were not robust.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection there was a new deputy manager in place who had assessed the short falls of the service and put processes in place to ensure the service was efficiently managed.
- An ongoing action plan had been reviewed and updated. We were assured improvements had been and

were continuing to be made.

- Quality monitoring and audits had taken place. 'Spot checks' were carried out to check staff performance.
- Staff confirmed brief team meetings took place. They said, "Staff have the opportunity to highlight any concerns, pass on information or gain information regarding the people who use the service. Concerns appear to be dealt with and resolved quickly." This meant communication with staff had improved.
- One relative told us, "They wish the deputy manager every success, as they had worked hard to improve the service."
- Governance was much clearer. Legal requirements were being adhered to, such as displaying the last report and rating for the service.
- Care plans and risk assessments had been reviewed. Risks were managed more efficiently to ensure information related to risks was used effectively.
- The deputy manager told us the provider was in the process of implementing new care plan software to make updating care plans more efficient.
- The deputy manager was enthusiastic. Their intention was to register as manager in the long-term.
- A new management structure had been developed and implemented.

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

- Weekly meetings implemented with people who use the service and their relatives identified they had been involved in care planning.
- Staff were involved in running the service. Members of staff were working alongside the deputy manager to update care plans, carry out spot checks and ensure staff are adhering to policies and procedures.
- One staff said, "The service now promotes teamwork."

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

- The service was working towards and promoting person-centred care.
- One relative said, "We couldn't have better care."
- Better communication with people who use the service and staff had been evidenced. Telephone contact and visits with people had increased. Staff meetings and performance management was taking place. The deputy manager told us records would be more efficient with the new care planner.

Working in partnership with others

- People's care plans identified when other professionals had been involved with their care.
- The service working in partnership with others to develop joined up care.