

Freedom Care Limited

Freedom Care Limited - 70 Conway Drive

Inspection report

70 Conway Drive
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on Friday 18 May 2018 and was announced. This was to ensure people who lived at 70 Conway Drive and the staff who supported them were available to talk with us during our visit.

The service is a small care home for two people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2017 the home was rated 'requires improvements'. During this visit we found improvements had been made.

People who lived at 70 Conway drive had fulfilling lives, with staff supporting them to be as independent as possible.

Staff were caring and kind to people and treated them with dignity and respect.

There were enough staff on duty to ensure people received good support to undertake their activities both within and outside of the home.

Staff recruitment processes reduced the risk of the provider recruiting unsuitable staff. Staff understood how to protect people from abuse.

The home was clean and tidy, and the premises were kept safe by regular checks of water, gas and electrical systems; and testing of fire systems.

People received their medicines as prescribed and attended healthcare appointments when they needed them.

People contributed to menu planning and had meals they enjoyed.

Staff worked in-line with the Mental Capacity Act 2008 and Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff received training to support them provide safe and effective care to people.

Staff were responsive to people's needs, and care records provided detailed information about people's likes, dislikes, needs and wants. Risks related to people's care had been identified and acted on.

The provider promoted equality and diversity and ensured people had information in appropriate formats to help them make decisions and to give them more control in their lives.

Relatives told us they felt assured management listen to their concerns and would act on any complaints. Complaints received had been addressed via the provider's complaint process.

The provider and management team were open to new ideas, and were supportive of their staff group. They ensured they met their legal requirements to notify the CQC of events in the home; and displayed their current inspection rating in the home and on their website.

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 is safe.

The premises were safe to use and clean.

Staff understood how to safeguard people from abuse. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff on duty to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service is effective.

Staff had received training to meet people's specific needs.

The provider ensured staff worked in-line with the Mental Capacity Act 2008, and Deprivation of Liberty Safeguards were in place where necessary.

People enjoyed the food provided, and contributed to menu planning.

People were supported to attend health and social care appointments when required.

Is the service caring?

Good ●

The service is caring.

Staff enjoyed working with the people they supported, and were kind and caring.

People's dignity and privacy was respected, and staff supported people to be as independent as possible.

People were encouraged to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service is responsive.

Staff had a good understanding of people's likes, dislikes, needs and wants.

People were provided with support to enjoy a range of activities within their local area, and to be as independent as possible within their home environment.

Concerns or complaints were addressed in line with the provider's complaints policy and procedure.

Is the service well-led?

Good ●

The service is well-led.

The provider's vision to provide a relaxing home, and a life with fun and meaning was realised by staff who supported people at the home.

Management systems supported safe and effective care.

Staff felt supported by the home's management.

The provider ensured they met their legal obligations to display their rating, and informed the CQC of incidents or events which occurred in the home.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure people, staff and the registered manager would be available to help us with our visit.

One inspector carried out this inspection. We spoke with the two people who lived at 70 Conway Drive, and two staff who were supporting them at the time of our visit. We spoke with the registered manager and team leader. We looked at people's care records, medicine administration records, staff recruitment records, complaints records, health and safety records, and quality assurance records.

Prior to our visit we looked at information sent to us by the public via our 'share your experience' website. We used information the provider sent us in February 2018 in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On 30 May 2018, we spoke with the relatives of the two people who lived at the home to find out their views about the care provided to their relations.

Is the service safe?

Our findings

At our last inspection in February 2017 we rated this key question as 'requires improvement'. This was because incidents between two people who lived at the home had not always been reported to the safeguarding authorities, and people's risk assessments did not always fully identify risks people might have when undertaking activities outside of the home. During this visit we found improvements had been made.

Management and staff understood what to do if an incident occurred at the home. They understood what constituted abuse and when to report incidents to the safeguarding authorities. We spent time with both people who lived at the home. They appeared to be happy with the care they received and told us they liked living at 70 Conway Drive. Staff told us they thought people who lived at the home were safe.

People's risks were assessed and their safety monitored so they stayed safe and their freedom was respected. The Provider Information Return informed us that risk assessments were fully completed and updated.

People's risk assessments were comprehensive and covered all risks related to them. The behaviours of one person could challenge others. Staff understood how to support the person using techniques designed to reduce anxiety and de-escalate potentially challenging behaviour. Their relative told us they had no concerns about the way staff managed this behaviour.

At our last inspection visit, the service used 'star charts' to promote positive behaviour, but we found there was no consistency in when people were awarded stars for positive behaviour and when they were not. During this visit we were told the service no longer used this system.

People received medicines as prescribed by their doctor. Staff knew the medicines people needed and ensured they received them at the right time. Medicine administration records were accurately completed, and checked by management for errors. The last check identified staff had not recorded their administration of prescribed creams, and this had been addressed. Staff had received training to administer medicines and their ability to administer medicines safely was checked by management.

The home was clean and tidy. Staff told us they had received training in infection control and knew their responsibilities to use gloves and aprons when providing personal care. The premises and equipment used was safe. Appropriate and timely checks had been made on fire, water, gas and electric systems. Relatives told us they felt the home was safe, and both sets of relatives were supportive of the CCTV camera installation in the communal areas. They felt this added to the protection of people and staff.

There were enough staff on duty to keep people safe. At the time of our visit there were two staff on duty to support both people who lived at the home. A relative told us because their relation received 'one to one' care they felt the person had really been 'brought on' by this.

The provider learned from incidents and accidents. After a recent incident, the risk assessment for one

person had been updated to ensure there was enough staff support available to keep people safe outside the home

People were protected by the provider's recruitment practices. Staff told us prior to working for the provider, references from previous employers and checks from the Disclosure and Barring Service had been made. The DBS is a national agency that keeps records of criminal convictions.

Is the service effective?

Our findings

At our last inspection in February 2017 we rated this key question as 'requires improvement'. This was because records did not indicate that people's capacity had been assessed to determine whether they could make a decision about the introduction of CCTV cameras.

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.

The Provider Information Return informed us people who lived in the home now had assessments undertaken prior to decisions being made to determine whether they had the capacity to make those decisions, or whether they needed to be made by others in their best interest. It also informed us that various methods were used to support people's understanding. This included written, verbal and picture based information. Records showed that people were supported to make decisions and give their consent when it had been assessed they understood the information available to them. This meant the service worked within the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had worked in line with the Deprivation of Liberty Safeguards to ensure people's liberty was restricted lawfully. A relative told us because their relation was unsafe on their own in the community; they understood why a DoLS had been put in place.

People's needs and choices were assessed by staff; and their care and support was provided to maximise their independence, and ensured there was no discrimination.

Staff received training to support them in the work they did with people who lived at 70 Conway Drive. As well as training considered essential to meet people's health and safety needs, such as infection control, and food hygiene; staff also received specific training to understand Autism and Aspergers. Accredited training designed to help staff manage physically challenging behaviour in the least restrictive way which focused on de-escalation and diversion techniques, was also provided.

New staff undertook The Care Certificate training. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. A new member of staff told us they had recently undertaken five day induction training which provided them with the information and knowledge needed to undertake their work effectively.

Staff received on-going support and supervision from their manager. Supervisions were carried out throughout the year, and each member of staff had a yearly appraisal to discuss their work performance.

People enjoyed the meals provided. Each Sunday staff and people who lived at the home sat together to decide the menu for the following week. We could see that people's choices were respected but there was not a huge variety in the meals provided. The registered manager said they would look to see if people might want to try new meal ideas. During the day people had drinks and snacks when they wanted them. One person liked to get their own lunch, and this promoted their independence. Each person had a nutrition care plan which informed staff of what to encourage or discourage people in their eating and drinking.

Staff supported people to go to see their doctor when they needed to, or to access other healthcare professionals when necessary. Relatives told us they were also informed when people might need to see a healthcare professional. One told us their relation told us, "They do listen, and if they thought [person] needed to see someone they would definitely make sure they were seen."

Is the service caring?

Our findings

At our last inspection in February 2017 we rated this key question as 'good.' It continues to be good.

We spent time talking and listening to the two people who lived at 70 Conway Drive, and seeing how they and staff worked together.

People were very comfortable with the staff on duty and a good rapport was seen between them. Staff knew people's needs well and used their knowledge to support a positive environment for people. For example, one person liked to pretend they were the character of a television programme and they liked staff to do the same. We saw staff support the person in their role play.

One relative told us, "I am very happy with the care [person] gets. They seem settled there. They are well looked after. Every time I go there the staff are nice and calm." Another told us their relation had lived in five different care homes before coming to 70 Conway Drive. They told us that this home was, "A lovely place" and their relation, "Could not be in a better place."

People's privacy was respected. We saw staff knock on people's bedroom doors to check it was okay for them to enter their bedrooms. One person liked having baths. Staff knew how long the person liked to be in the bath and did not disturb them whilst they were bathing. During our visit we saw they made sure other people were aware of this so people did not walk into the bathroom and curtail the person's privacy and dignity.

The home provided information to people in ways they could understand. For example, one person found using pictures a more accessible form of communication than writing. To help them know who was supporting them that day, pictures of staff were put on the wall so they knew who to expect during the day and evening.

During the day people were involved in decisions about what they were going to do that day and where they wanted to go. Neither person who lived at the home were safe to go into the community on their own, however relatives told us they both had as much opportunity as possible to be independent both within and outside of the home. One said, "[Person] does what they want to do, and staff work with them on that." A member of staff told us people at Conway Drive chose what they wanted to do. They went on to say, "If they want to go out, we go out – we are not restrictive. Life is led by the people who live here." The registered manager told us they felt the title of the provider 'Freedom Care' summed up what people received.

People were supported to maintain relationships with their relatives. Both relatives told us the home supported this. One relation told us the home went the 'extra mile'. They explained they were no longer able to drive to see their relation, and so staff now took the person to see them at their home, and brought them back after the visit. They also said the person went to a drama club, and to ensure they could see the person performing; staff collected them from the station, and then took them back home afterwards. They told us staff at the home were like, "One extended family."

Is the service responsive?

Our findings

At our last inspection in February 2017 we rated this key question as 'good.' It continues to be good.

People's individual needs and wants were understood and supported by staff. Staff worked hard to ensure people received the support they needed, and the person's lifestyle reflected their needs and wants. The registered manager told us, "We are committed to creating a culture where diversity and equality of opportunity are promoted actively and in which discrimination is not tolerated."

Care plans provided detailed information about people's needs, and demonstrated staff had talked with people and made observations about their likes and dislikes to ensure the care plans truly reflected them as individuals. Care plans were reviewed every three months or sooner if a person's needs changed. Each person had a 'key worker' who they spoke with about their care and support needs, and this information was used when reviewing care. As well as formal meetings, people informed staff on a daily basis about what they wanted and did not want to do.

Staff used different forms of communication, to support people understand the world around them. This included communication boards with pictures, communication passports (to help others know how to communicate effectively with the person). Staff also received annual training in Makaton (a form of sign language for people with learning disabilities).

People had activity plans which reminded them what they were going to do that week out in the community. People enjoyed activities such as walks, swimming, shopping, and going to a local disco. A relative informed us their relation had recently taken part in the East Midlands Special Olympics and won a medal for horse riding. They also told us the person had a season ticket for a premiership club and went to their home games. They told us the person had, "A wonderful life."

As well as supporting independence outside of the home; people were encouraged to be independent on a day to day basis. Where possible, people were encouraged to be involved in housework and cooking. They were also encouraged to do as much personal care for themselves, with staff only providing assistance in areas which were assessed as unsafe or not possible for the person to do.

Because the home was for younger adults, the provider had not fully considered people's end of life care. Through discussion the registered manager acknowledged that it would be beneficial to explore this further. They had a policy to inform staff what to do in the event of an unexpected death which gave staff practical advice, but this had not been discussed in detail with staff.

The complaints information was on a wall in the home for people to access. Relatives told us they would feel able to discuss any concerns with staff or management at the home. One relative, in response to this said, "Of course I would – If I had any worries they would sort it out, without a doubt." Another said, "I would feel able to talk to them, the management is very good." We looked at the complaints folder. We found a number of complaints had been made by a person external to the home. The registered manager had investigated

and responded to the person's concerns.

Is the service well-led?

Our findings

At our last inspection in February 2017 we rated this key question as 'requires improvement.' This was because some of the actions identified by the provider's audits had not been carried out in a timely way.

Identified areas for improvement resulting from audits and checks by the provider had been acted on. The team leader now undertook the more regular checks of people's records, updating where necessary. Since our last inspection there had been changes in how quality was audited. A senior member of the organisation was now responsible for carrying out audits and ensuring any identified improvements were acted on in a timely way. Records were kept securely, and confidentiality was maintained.

Relatives told us they thought the home was good. One said to us they used to worry about what might happen to their relation when they were no longer around. They told us, "I don't have that worry any more – they are going to be looked after – they love [person]." They explained that a previous care home had 'got rid' of their relation. They said they were glad of this and they had 'done us a favour because they now couldn't be in a better place.'

The provider's vision was described on its website. It said of their approach, 'You are at the heart of everything we do. We aim to provide you with a home where you can relax, have fun and find positive meaning in your life. To enable you to do this we will provide well-trained and caring staff members that are sensitive to your individual needs.' During our visit to the home, by talking to relatives and staff, we could see that their vision was the reality for people who lived at 70 Conway Drive.

Whilst there had not been a team meeting for a few months, staff had met as a group to discuss a particular issue related to one person. This was to ensure they understood how to support the person and provide a consistent approach, and to listen to views about how best to do this.

Staff told us they enjoyed working at the home and said they felt supported in their work. They told us management were open and available when needed if they needed to discuss anything about their work. Management felt supported by the provider.

The people who lived at the home had good engagement with the local community. They enjoyed visiting the local shops and going to various activities in and around the area.

The provider had a legal requirement to inform the public of the home's rating. They had informed the public on their website of the rating of each home; and the rating was also displayed on a wall next to the front door of the home. The provider had also met its legal requirements by sending us notifications about events which happened at the home.