

Freedom Care and Support Ltd

# Freedom Care and Support 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 Care and Support is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability, autism and physical disability. Support is provided to both individuals in the family home and to people living in supported living tenancies. At the time of our inspection there were 25 people using the service within East Lancashire and Cheshire.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. The service ensured any incidents were recorded and investigated. Staff had been recruited safely and people were involved in recruiting their staff. Medicines were managed safely.

People's needs had been thoroughly assessed and care plans were detailed. Staff knew the people extremely well and felt the care plans provided enough information to understand what support the person needed. Staff had received regular training and supervision to support them to meet people's needs. A comprehensive induction programme ensured new staff had a good understanding of their role and the values of the organisation. People were supported to maintain their health and wellbeing, through access to a range of health services.

The service was compliant with the Mental Capacity Act. 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. The service promoted people's choices.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received person-centred care which was responsive to their needs. Care and support plans had been regularly reviewed to reflect any changes in the person's needs and wishes. People had been referred for further input from professionals when required. People were encouraged to raise any concerns. No formal complaints had been received.

The registered manager was committed to providing high-quality, person-centred care. Staff spoke highly of the registered manager and the values they set. Roles and responsibilities were clear. Regular audits ensured care was provided effectively and records were accurately maintained.

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 6 July 2018) 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 we found improvements had been made and the provider was no longer in breach of regulations.

#### 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?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Freedom Care and Support 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

The inspection was carried out by one inspector.

### Service and service type

This service provides care and support to people living in both their own homes and a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 two people who used the service, five family members and four members of staff, the project manager, the finance director and the registered manager.

We reviewed the care records for three people. We looked at the recruitment records for one staff, policies and procedures, complaints, quality assurance records and staff supervisions.

# 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 improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider managed risk through effective procedures to ensure people were safe. All risk assessments had been updated and the audit process around risk assessments and accidents and incidents had been reviewed.
- Care plans confirmed there was a person-centred risk-taking culture and people were supported to retain their independence.
- Staff understood where people required support to reduce the risk of avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- At our last inspection the provider had failed to operate effective systems and processes to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- The provider protected people from the risk of abuse and their human rights were respected. The safeguarding policy had been updated and reviewed and all managers and senior staff had received additional safeguarding training. All safeguarding's had been revisited and were being analysed for trends.
- People told us they received safe care. One family member told us, "Yes, I trust them totally."

### Staffing and recruitment

- The provider had suitable staffing arrangements to meet the needs of people in a person centred and timely way. Recruitment was safe and well managed. The registered manager carried out relevant checks to ensure new staff were suitable for the role for which they had been employed. People told us how they were fully involved in interviewing and recruiting their own staff.

### Using medicines safely

- Medicines were managed safely, and people received their medicines when they should. One family member told us, "They make us aware if additional medicine is required and give them paracetamol. If necessary, they contact the GP. They are very good. That's the beauty of having a consistent team."
- Staff had been trained to administer medication safely and staff had reference to good practice guidelines, policies and procedures. The registered manager had assessed their competence to administer medicines safely.

### Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies which were based on best practice guidance. We saw there was personal protective equipment, including gloves and aprons available throughout people's homes.
- Staff received training and regular audits were undertaken. This meant people were protected from the risks of poor infection control.

### Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to minimise future occurrences. Regular audits were completed, and lessons were shared with staff to improve the service and reduce the risk of similar incidents. A centralised log of incidents had been established since the last inspection and new forms developed.



# 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 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 act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

The provider had updated the Mental Capacity Act policy and had ensured staff had received training in the MCA. We saw evidence of decision specific capacity assessments and best interests decisions were being documented where appropriate.

People told us staff always asked for their consent before supporting them. Care records contained consent to care documentation that was signed by the person receiving care.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was working within the principles.

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

- Staff assessed people's needs and choices to ensure the service could meet them. Thorough assessments had been completed which included all aspects of people's health and care needs. People were fully involved in their assessments and care plans and contributed their views. Care records were consistent and

contained detailed information about people's care needs and how staff should support them.

- Staff worked together to ensure that people received consistent, person-centred care and support.
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- The registered manager regularly reviewed care and support and updated records where people's needs had changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they thought that the staff were well trained and had the skills required to support them. One person told us, "They do very, very well." Another family member told us, "Absolutely, they are very proactive, it's consistent training." Staff confirmed they had received training that was relevant to their role and enhanced their skills. Staff told us they went through a thorough induction and training schedule. This was corroborated by looking at the training records.

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

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk.

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

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the management team worked closely with health care services including GPs, social workers and psychologists.
- People confirmed they were supported to attend healthcare appointments and achieve positive outcomes. For example, the service supported an individual to attend their first dental appointment in four years and then to undergo a period of treatment. This was managed very sensitively, resulting in attendance at regular dental appointments without any stress.

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

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way the staff and management team had improved their quality of life.
- Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome was. This confirmed people's assessed needs were being met.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff who treated them with dignity and respect. Everybody we spoke with and our observations confirmed staff were caring, respectful and kind. Comments included, "Everyone loves them, just a happy bunch." And, a relative said, "Yes, they are a great company. Highly recommended to anybody."
- Staff told us they enjoyed their jobs and liked the fact that they made a difference with people. Staff we observed were extremely caring.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- Care documentation included information about people's religion and gender, this meant staff had some awareness of people's diversity. Staff told us they had received training in equality and diversity.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

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

- The service supported people with decision making about their care and support. Care records contained evidence the person who received care had been involved with and were at the centre of developing their care plans.
- People had been encouraged to express their views about the care provided. Quality assurance questionnaires for people, their families and staff had been sent and the findings analysed.
- Information was available about local advocacy contacts, should someone wish to use the service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. People told us staff supported them to retain their independence where possible. One person told us they had grown in confidence and had a voluntary job helping children with autism.
- Staff demonstrated a genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.

# 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 requires improvement. At this inspection this key question has now improved to good.

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 service provided care and support that was focused on individual needs. People's care records were personalised and detailed. They included information about their preferences, risks and choices. They were updated on a regular basis and people told us they were involved in reviews of their care. People told us how they were supported to express their views and wishes. One relative said, "They are so bespoke in their care of [name], they make sure [name]'s best interest is at the heart of planning. I trust everyone."
- People told us staff gave them choices and they were able to make every day decisions about their care.

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.

- The management team assessed people's communication needs as part of the assessment process. They documented in people's care plans any support they needed with their communication needs and how that should be provided.

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

- People were encouraged to take part in events and develop relationships. One relative told us, "He asked for a male support worker and [registered manager] helped him to recruit one to what he requested, a young man similar to his age."
- People confirmed they were encouraged to follow their own interests. One person said, "It's fantastic!" One person with an interest in the arts was supported to develop their acting skills and as a result they have been involved as an extra in a number of dramas.
- Staff encouraged people to maintain relationships that were important to them. People told us staff and management team made them feel welcome. Relatives spoken with confirmed this.
- People integrated in their local communities. One individual through their wide network of friends and regular attendance at the local gym, had been supported to raise the funds to buy a hand cycle. This enabled them to raise money for charitable causes and with staff support has completed two half marathons.

#### Improving care quality in response to complaints or concerns

- The service had improved their complaints procedure and we saw evidence that they responded to complaints effectively. No one we spoke with had any concerns about the service and people were confident that any complaints would be acted upon. For example, one individual had some concerns about a co-tenant. They put this in writing through the accessible complaints procedure and asked for an alternative housing solution. Meetings took place between the housing association and tenants which resulted in a resolution to everyone's satisfaction.

#### End of life care and support

- No one at the service was currently on end of life. People's end of life wishes were not routinely being recorded, as all service users were relatively young in age. We raised this with the provider who agreed to include this in the initial assessment. This meant that should a sudden death occur, people's choices and preferences would be respected.

# 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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection The provider had failed to submit statutory notifications without delay. This was a breach of Regulation 18 Registration Regulations 2009 (Notifications of other incidents.) 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 18.

Since the last inspection, the provider had submitted statutory notifications without delay.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences. One relative told us, "I think it's fantastic. I would recommend Freedom Care and Support to the other people with learning disabilities. Staff are handpicked, all friendly and unique individuals. They have [name] best interest at heart."
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "[Registered manager] comes to visit. The best company we have ever had. He is very good and picks up issues very quickly ."

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 provider and manager understood legal obligations, including conditions of CQC registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- We found they had clear lines of responsibility and accountability. People spoke positively about how the service was managed.

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

- The registered manager was experienced, knowledgeable and familiar with the needs of the people they supported.
- Discussion with the staff confirmed they were clear about their role and between them and management team provided a well run and consistent service.

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

- The provider and manager created an open culture and encouraged people to provide their views about how the service was run. For instance, surveys had been sent to people for their views. People told us they felt consulted and listened to about the care they received. One relative told us how involved they were in the service, "We were involved in staff recruitment, bespoke training and person centred care planning." Staff told us meetings were held and they were encouraged to speak up and share their views and suggestions.
- Staff confirmed they could contribute to the way the service was run through team meetings, supervisions and surveys.

Continuous learning and improving care

- Audits and analysis of the findings were taking place. This demonstrated improvements were being made to continually develop the service. However, we found some audits such as medication were not taking place as regularly as they could be. We raised this with the provider who agreed to implement these more frequently, to ensure any issues are picked up quickly.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, and district nurses.