

Freedom Support Solutions Ltd

Freedom Support

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 Support is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection there were five people receiving personal care.

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

There was a registered manager at the service, they had been registered since January 2016. The registered manager promoted a positive culture where people and staff could feedback about the service, so the quality of care could continue to improve.

People were involved in assessing and managing their own safety. Staff supported people to stay safe and understood their roles and responsibilities to safeguard people from the risk of harm.

People were involved in their risk assessments and care planning. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. People's medicines were managed in a safe way.

People were actively supported to live a healthy lifestyle. People's health and well-being had been improved by the vigilance and actions of staff and the management team.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People with a disability or sensory loss had access to information in a form that met their individual needs and preferences.

People were encouraged to achieve their goals and become more independent.

People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training and support to enable them to meet people's needs and carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 3 February 2017).

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 Support

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 undertaken by one inspector on 7 August 2019.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (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.

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

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

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 met with two people who used the service, but they were not always able to communicate clearly about their experience of the care provided. We spoke with five members of staff including the registered manager, two managers and two care workers. We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, two managers and two care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the provider had made the necessary improvements, this key question is now rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe.
- Staff used resources from government websites to support people to complete courses in anti-bullying and keeping safe.
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "I would always let [registered manager] know if I was worried about someone."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals, however, these required updating promptly as needs changed. We brought this to the attention of the registered manager who arranged for these to be updated immediately.
- Care plans informed staff how to provide care that mitigated known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and encouraged people to take positive risks. For example, when travelling staff ensured people carried a 'Keep safe' card with emergency numbers, which included details of their 'nearest safe place.'
- People had been supported to be safe in their homes. For example, one person found it difficult hearing their fire alarm. The registered manager arranged for a vibrating alarm under their pillow to wake them when their fire alarm sounded.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a regular group of staff who knew people well.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.
- People were involved in recruiting staff. For example, one person assisted the managers to interview potential staff.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.

- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- People were encouraged to be more independent; staff used pictures and time prompts to help remind people when their medicines were due. Staff supported one person to give their own insulin. The person indicated to us they were very happy with this.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner. The registered manager was working with people's GP and pharmacists to improve the information and recording of people's medicines.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service.
- There was a strong learning culture. The managers and staff took time to discuss and reflect on issues when they occurred and involved staff in finding solutions.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences. The manager used a holistic assessment to understand people's needs.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example care of the management of diabetes and epilepsy.
- Staff received regular supervision and guidance to support them in their roles. Supervision included encouraging staff to be confident to raise concerns. Staff told us the registered manager was very supportive.

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

- Staff knew people's dietary requirements and supported people to maintain a healthy weight.
- Staff had training in food hygiene and supported people to purchase food and prepare balanced meals that met their dietary needs.

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

- People were supported to make healthier life choices such as diet and exercise. For example, one person was supported to change their eating habits, they lost weight and were no longer classed as diabetic.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One person was supported to seek medical assistance for a potentially life-threatening condition. They were supported by the same member of staff who built a trusting relationship which helped the person to complete their course of treatment.
- The management team ensured people received good after care following discharge from hospitals. For example, one person required close monitoring of their blood glucose however, their discharge plan did not

adequately protect them from re-admission. The managers worked closely with the diabetic team and the person's GP to create and provide a safe way of managing the person's diabetes.

- People had their own health action plans which included specific easy read information about 'how to look after yourself.' People also had information for specific conditions, such as signs and symptoms of high and low blood glucose levels for diabetics.

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

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 were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- People had access to easy read information such as 'Helping you make important choices (Consent and Capacity). The information explained how to give consent, what happens if people don't understand choice and explains the best interest process.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- The manager confirmed two people were being assessed for restrictions to their liberty under the Court of Protection. The registered manager showed how they responded to people's changing needs during this process and provided information to support this to the relevant authorities. This ensured people received care that was the least restrictive.

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

- People received care from staff who knew them well. They had formed good relationships which people had responded positively to. One person indicated they were very fond of the staff who cared for them.
- Staff knew people well enough to understand what triggered people's anxieties, such as crowds of people and loud noises. They supported people to plan their days to avoid these triggers.
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people learning to cope and remain in their homes with care. One member of staff told us, "[Name] has come on so much, they are much happier and more independent."
- People were supported to understand their rights to vote in elections.
- Staff referred to people in their care notes in a respectful and inclusive way. For example, "[Name] is a likeable member of the team."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. For example, one person preferred male care staff, which had been arranged.
- People living in shared accommodation were supported to meet at their chosen time to discuss what was important to them. For example, at one meeting, people asked each other to knock and wait for a response before entering people's rooms.
- The provider used an advocacy service where people received additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person's plan showed how it was important they received personal care from staff they knew well and received reassurance to help with their feelings of embarrassment. This person had a regular staff team. One member of staff told us, "[Name] feels secure with us."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. For example, staff prompting people to carry out their oral care.
- People were provided with communication aids when travelling to help promote their independence. For

example, cards to show shop assistants which read, 'Please face me and speak clearly, I lip read', and 'Please be patient, I have a hidden disability, or I have difficulty speaking.'

- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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

- People and where appropriate, their relatives had been involved in creating and updating their care plans. For example, one person's very detailed plan was developed with the person and their parent.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and took into account people's personalities and previous lives.
- People were supported to set and achieve life goals. For example, travelling, moving out of their family home and managing own finances. One person wanted their own front door key, they had been supported to achieve this safely. The person had used a survey to feedback, they said "I am happy in my new home, I have my own gold key." One member of staff told us, "[Name] wanted to live with others, so we arranged for shared living. [Name] is much happier."
- Staff took time to get to know people's history, their families and their likes and dislikes. This had led to people re-discovering talents such as sailing and tennis.

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 included in all activities available within the provider's community day care. This enabled people to take part in hobbies, pastimes and new experiences which enhanced their lives and their well-being.
- Staff also worked in the day centre run by the provider where they continued to support people when socialising and taking part in activities.

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 provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.
- People's individual preferred communication needs were assessed and met. For example, people's information was made available in easy read documents, audio and video recordings.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in an easy read format for people to understand how to make a complaint.
- People had the opportunity to raise their concerns verbally with staff and managers at the day centre people visited regularly. The management team were pro-active in listening to people's feedback, which they addressed promptly.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. Staff followed people's wishes.
- People had been supported to explore their feelings and emotions surrounding loss of family, friends and pets. This included writing goodbye letters which helped people to talk about their experiences.

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 has remained the same.

Good: 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

- The registered manager promoted person centred care in all aspects of the service. People had achieved life goals and continued to be supported to make positive changes to their lives.
- Staff told us they were happy working at the service. Staff told us, "I'm really happy, I am always supported [by the management team]."
- People benefited from the open culture within the service where everyone had the opportunity to have their say and contribute to 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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Staff and management team worked together to understand what led to incidents and take actions to improve the service. The registered manager welcomed all feedback and used a problem-solving approach to resolving issues.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People were asked for their feedback through surveys and at group meetings. Issues and suggestions were acted upon.
- Staff were empowered to suggest ideas at team meetings. Some of the suggestions had been used such as

sharing the out of hours cover at weekends.

- People's families attended a carers group where they were supported by staff to discuss what people needed. This included practical help for families on how to contribute to assessments, support plans and how to contact the local authority.
- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The registered manager actively sought out organisations to develop people's skills and access to development. They worked with the local Physical Activity Coordinator at the local council to apply for funding to support one person to have tennis coaching. The person won a Sports Award 'Twilight Achiever of the year'. This developed into a weekly tennis session that all people using the service could use. The scheme also attracted volunteers and went on to win awards for services to the learning disability community.
- The staff and managers had developed many solid relationships with community services such as local professional sporting teams and associations, local education authorities and charities that promoted independence through transport. These had enabled people to take part in training and activities which assisted them to achieve their goals.
- The registered manager made good use of resources available to adults with learning disabilities, such as publications and learning programmes from the government and local businesses. For example, people carried information cards developed by the local bus company and police which read "Please count out my change with me" to help with their independence.