

# Runwood Homes Limited

# Liberty House

## Inspection report

Goodison Boulevard  
Doncaster  
DN4 6EJ

Tel: 01302952005

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28 September 2023  
02 October 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Liberty House is a residential care home providing accommodation and personal care to up to 81 people. Some people living at the home were living with dementia. At the time of our inspection there were 70 people using the service.

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

Risks associated with people's care were identified and managed safely. Staff knew people well and could describe what support people required. People were safeguarded from the risk of abuse. Accidents and incidents were monitored and evaluated to mitigate future occurrences.

People received their medicines as prescribed, by staff who were trained and competent to administer medicines safely.

People were protected from the risk and spread of infection. The home was clean, well presented and maintained. The provider had a safe recruitment procedure in place. There were sufficient staff available to meet people's needs and respond to people in a timely way.

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.

There had been recent changes in the management team and a new manager had been in post approximately 4 weeks. The new manager had started to make improvements and further embed management systems in to practice. Audits had been completed and actions identified. An overarching home action plan was in place and the new manager was working to achieve positive outcomes.

Person centred care was promoted throughout the home. We observed staff interacting with people in a caring and supportive way.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 30 April 2022).

### Why we inspected

The inspection was prompted due to concerns received about areas of concern such as medicines, management and leadership, and person centred care. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good, based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Liberty House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Liberty House

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The first day of inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by a medicine's inspector.

#### Service and service type

Liberty House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Liberty House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 September 2013 and ended on 9 October 2023. We visited the service on 28 September 2023 and 2 October 2023.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 3 relatives to gain their experience of the care provided. We spoke with 10 members of staff including the manager, care team leaders, care workers and ancillary staff. In addition, 2 healthcare professionals gave us feedback on their experience of the service. We reviewed a range of records, including people's care records and medicine records. We looked at 3 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training in safeguarding and knew how to recognise and report concerns.
- The provider had systems and processes in place to record concerns and took appropriate actions to safeguard people.
- People felt safe living at the home. One person said, "I am generally happy living here. Some things are alright, but you have to accept this is not home. I am safe and I think that's all that matters."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and managed to keep people safe.
- Some risk assessments required updating to reflect people's current needs and how to support them. The manager addressed this during our inspection.
- Staff we spoke with were aware of people's current needs and knowledgeable about their support.
- Scheduled maintenance of the building and equipment took place in line with current 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were supported by sufficient numbers of staff who were able to respond to people in a timely way.
- The provider had a robust recruitment system in place to ensure staff were safely recruited.
- We looked at 3 staff recruitment files and found they contained appropriate documentation and evidence of pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- People were supported with their medicines and staff were patient, checking whether pain relief was needed and giving explanations about what medicines were for. One person said, "I get my medication when I need it, there's no problem there."
- People received medicines in a timely way. One person said, "The staff understand my condition and the need to have my tablets on time."
- Managers maintained patient safety and investigated incidents and shared lessons learned with the whole team and the wider service.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to maintain relationships with family and friends who were free to visit the home.

#### Learning lessons when things go wrong

- The provider had a system in place to monitor accidents and incidents. The manager analysed incidents and used them as learning opportunities to minimise future occurrences.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; 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

- At the time of our inspection a new manager had been in post approximately 4 weeks. The new manager was in the process of registering with CQC.
- The manager was knowledgeable about the role and understood their duty to report notifiable incidents. The manager was also aware of their duty of candour and the need to be open and honest when things went wrong.
- People, relatives and staff were complimentary about the manager and told us improvements had been made since they commenced in the management role.

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

- People were supported by staff who knew them well, understood their needs and ensured preferences were maintained. One person said, "I have a key worker and sometimes I see her. If I was worried about anything I would probably speak to her first, she is a very nice jolly person. I think she would sort it out for me and listen to my worries."
- Staff promoted independence by involving people in their care and support and included people in conversations.

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

- Views and opinions were sought from people, relatives and other stakeholders. The manager was keen to engage with people and told us they would use feedback to develop the service.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to monitor and improve the service. The manager was in the process of organising systems to improve effectiveness.
- People's care plans reflected people received timely support from relevant professionals such as speech and language therapists, district nurses and GP's.
- During our inspection we spoke with visiting professionals who were complimentary about the home.

