

Alderson Limited

LIBERTAS

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 

Overall summary

We undertook an unannounced inspection of Libertas on the 4 and 5 August 2015. Libertas provides a personal care service to people in their own homes. At the time of our inspection 203 people were receiving a personal care service.

People using the service were predominately older people. Some people required more assistance either because of physical illnesses or because they were suffering from memory loss.

There was a registered manager in post. 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and care staff understood the Mental Capacity Act 2005 (MCA) and had received appropriate training.

Summary of findings

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe. An environmental assessment was completed in each person's home to ensure it was a safe place for staff to work.

People told us they were treated with kindness, compassion and respect. The staff took time to speak with the people they were supporting. We were told of many positive interactions and people enjoyed talking to the staff. The staff we spoke with knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were assisted with their meals and medicines. They told us they received these at times they had requested.

The provider used safe systems when new staff were recruited. All new staff completed training before working at the service. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual. We found that there were sufficient staff to meet the needs of people using the service.

People had been consulted about the development of the service and quality checks had been completed to ensure services met people's requirements.

Summary of findings

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.

Checks were made to ensure people's homes were safe places to live and work.

Sufficient staff were on duty to meet people's needs.

Staff knew how to recognise and report abuse.

Safe systems were in place to ensure people were prompted to take their medicines.

Good



Is the service effective?

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing, when giving meals.

Staff received suitable training and support to enable them to do their job.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Staff liaised with other health and social care professionals to ensure they were aware of people's needs.

Good



Is the service caring?

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good



Is the service responsive?

The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Staff responded to emergencies in people's homes and knew the different emergency agencies to contact.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Good



Is the service well-led?

The service was well-led.

Staff were consulted about the developments of the service.

Good



Summary of findings

Checks were made to review and measure the delivery of care, treatment and support against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

LIBERTAS

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.

We visited the administration office of Libertas on the 4 and 5 August 2015 and the inspection team consisted of one inspector. This was an announced a couple of days before the inspection. In addition to this we spoke by telephone with people who used the service, relatives and staff.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with 15 people who used the service, five relatives, and 10 members of the care staff, four members of the administration team and the deputy manager.

We looked at seven people's care plan records and other records related to the running of and the quality of the service. Records included staff files, audit reports, the newsletter, the complaints file and questionnaires which had been sent to people who used the service.

Is the service safe?

Our findings

People told us they felt safe with the staff attending to their needs. One person said, “They are lovely, especially when they are moving me from my bed. They take care to ensure I am safe.” Another person said, “They take care of me and make sure I am safe in bed at night.”

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right route to safeguard people.

Staff said they had received training in how to maintain the safety of people who spent time in the service. The training planner confirmed that 97.5% of staff had received safeguarding training in 2015. The deputy manager told us the remainder were newly recruited staff.

To ensure people's safety was maintained a number of risk assessments were completed for each person, for example, where people required visits at night or someone to sit with them. The care plans gave clear guidance if someone experienced panic attacks at night and staff recorded those episodes. Risk assessments were in place to ensure staff were aware who to call at night if they had a problem. Where someone required the help of two care staff to assist them out of bed a risk assessment had been completed to ensure the equipment was safe to use and staff had received training on how to move people safely.

Accidents and incidents were recorded in people's care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through emails and notices when actions needed to be revised.

Staff were able to describe what they would do if an incident or accident occurred whilst they were in people's homes. They knew which emergency services to call. We observed a telephone conversation when staff telephoned the office staff to report a person being unwell. Staff ensured the person was safe and medical support was obtained. They informed family members to keep them updated. Office staff ensured other people were not

delayed in their care needs because some staff had been involved in the emergency, so other staff were re-deployed to help. We saw the letter which had been sent to all staff in April 2015 detailing how to respond to emergencies. Staff told us they had received this letter.

People told us their needs were being met and staff were available to meet those needs. One person said, “Yes, they come four times a day and know exactly what I want every day.” A relative told us staff knew about their family member's needs and would ask if they were unsure. Two relatives and one person who used the service told us some staff appeared not know more intimate details of the care required but they had worked with them to ensure suitable care was given.

Staff told us there were adequate staff available to meet people's needs. One person said, “Yes I think there are. It's a little more difficult when there is short term sickness, so we have to juggle staff on visits, but some office staff are trained to work in the community.” Another staff member said, “Yes, but sometimes I would like a little more time, but I know that's due often to contracts, not our people.” We received comments from two people and two relatives that the timing of visits was sometimes not correct. This was also supported by five staff members we spoke with about timing of calls. Each person told us this was due to travelling time between visits being too short. They had informed the registered manager who was looking into how best to address the issue.

Personal files were kept on all staff and we looked at four of them. They contained information to ensure the provider had completed checks to ensure the prospective staff member was safe to work with people in their own homes. This information was reviewed every three months. We observed staff on the telephone reminding prospective employees to send in information not yet received and sending letters out to inform people they had been successful at interview.

People told us they were prompted about their medicines at the same time each day. One relative told us some staff appeared not to know much about the medicines being given, but they had chosen not to pass this on to the management team, as they felt the problem had been addressed. Another relative told us some anti-biotic had been missed for a couple of days, but they had not informed the management team as they could catch up. The full course had been taken. Staff knew which

Is the service safe?

medicines people had been prescribed and when they were due to be taken. 97.5% of staff had received training on how to give medicines safely. The care plans gave details of how people liked to take their medicines and whether they were capable of re-ordering their own medicines.

We looked at a care plan which gave details of why a person required prompting about taking their medicines. The risk assessment and care plan had been signed by the person to say they agreed to staff assisting them. The daily contact sheet gave details of when the person had been prompted, if they had refused medicines and if advice had been given about re-ordering.

Is the service effective?

Our findings

People told us they liked the staff and they were confident staff would give them good care. One person said, “I’ve had the same care staff for ages. They know me and I know them and feel very confident they know what they are doing.” Another person told us, “They are so efficient. I feel special.”

Four staff members told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. Two people told us it had been suitable for their needs but two others thought the process could have been longer and more in-depth. They had informed the registered manager about this. We saw in four staff personal files the days each person had shadowed other staff and which policies they had been given as their personal copies. These included, dress code, time keeping and person centred support. Staff said they used these to remind themselves of good practice.

Staff said they had completed training in topics such as food hygiene, first aid and moving and handling. They told us training was always on offer and it helped them understand people’s needs better. The training records supported their comments. Some staff had completed training in particular topics such as prevention of pressure ulcers and dementia awareness. This ensured the staff had the relevant training to meet people’s specific needs at this time. Staff told us some training was completed on the computer and they had to sit a test, other training took place in the training room. We visited the training room which had a bed (to simulate a home environment), moving equipment and information on a variety of topics displayed. 19 staff had completed nationally recognised qualifications in care, which they said the provider had encouraged them to complete.

Staff told us they had spot checks whilst they were working to ensure they were giving safe care. This was recorded in their personal files. The management team told us those visits then informed the yearly appraisals and three monthly supervision sessions. We saw those recorded in staff files. The supervisor of the spot checks recorded positive outcomes and any areas for improvement. For

example; a staff wearing a cardigan, which was against the provider’s dress code, which was corrected immediately. Improvement notes from the last spot check were also recorded; such as not now wearing nail polish.

We saw the supervision planner for 2015. This gave the dates of when supervision sessions had taken place. Staff confirmed these had occurred. Staff told us they could express their views during supervision and felt their opinions were valued. Two of the supervision logs we looked at contained information which required actions to be taken but this had not been recorded. This could mean the person may still be unaware if their performance was acceptable.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. All staff had undertaken training in the Mental Capacity Act 2005 in 2014.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

People told us that they were prompted to eat their meals. One person said, “I have breakfast, lunch and tea. It’s nicely presented.” Another person told us the staff ensured they had a drink nearby before they left.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people’s dietary needs in their care plans such as a problem a person was having

Is the service effective?

ensuring they had enough fluid intake during the day. We saw staff had asked for the assistance of the GP in sorting out people's dietary needs. The records stated which times of the day the person had been offered drinks.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when they thought someone had an infection in their urine this had been passed to the GP.

People told us they were happy with the service being provided. They told us they liked the staff and said if they required to see a doctor or nurse staff would respond immediately. One person said, "I know they need to contact my doctor sometimes or the district nurse, which I am happy for them to do."

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind. All were full of praise for the staff. One person said, "Everyone is fine." Another person said, "I can't fault them. It's difficult getting to know the new ones, you get like that when you are old, but they are all friendly."

The relatives felt involved and fully informed about the care of their family members. They said the staff were kind, courteous and treated the people with respect. One relative said, "Sometimes I could make a fuss about new carers coming all the time, but my relative said its ok for them." Another relative said, "They all seem nice and new staff appear to know what they are doing."

People said they felt empowered by staff to still maintain their independence in their own homes. They said staff enabled them to do this by giving assistance when asked in a kind and caring way. We were told this sometimes involved giving personal care, enabling them to move to different parts of their home and helping them to settle in bed.

Comments from people who used the service included how staff ensured their wishes and decisions were respected. For example ensuring they had their preferred snack before settling in bed for the night. Another person told us staff ensured they were safe and comfortable before helping them to transfer from a bed to a chair.

Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, how someone liked their skin cream applied. This was confirmed in the care plans. Practical action was taken when people were distressed. We observed administration and care staff, responding to people who were worried and anxious on the telephone. If they could not answer a person's query the deputy manager was called to assess each situation.

Relatives we spoke with said they were able to keep in touch with staff when they wanted. They said there was no restriction on the times they could telephone. One person said, "I can phone and speak to staff in the office. I tell them if things aren't right and usually get a quick reply."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

To keep people in touch with events at Libertas a quarterly newsletter was produced and sent to everyone using the service. We saw the summer 2015 edition. This gave details about the company, results from the questionnaires, advice on keeping cool in hot weather and a what's on in different areas of the county of Lincolnshire. Photos of office staff and their responsibilities were on one page, which people told us was useful. One person said, "We don't see some of those staff so it nice to know what someone looks like on the other end of the phone."

We heard staff speaking with relatives and people who used the service. They were answering a variety of questions about what the service could provide, planning review meetings and telling them about concerns staff had raised during a visit. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

Is the service responsive?

Our findings

There were mixed views from people we spoke about staff responding to their needs as quickly as they could. One person said, "Timing isn't an issue for me. They come when I expect them." Another person said, "If they can't come they don't' always tell me, but I have a friend who can help." No-one who we spoke with had passed on their concerns to the registered manager.

People told us staff had talked with them about their specific needs, both in the form of a conversation and a formal meeting. They told us they were aware staff kept notes about them and relatives informed us they also knew this. They told us they were involved in the care plan process. This was evident in the care plans with people's signatures to say they had agreed to the plan of care on the paper records. Care plans were kept electronically and on paper records. We looked at both.

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "They know what I like when I get up and when I go to bed." Another person said, "They respect what I want and do it for me."

The team leaders received a verbal handover of each person's needs each shift change so they could continue to monitor people's care and pass on new information to staff on duty. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. However, they did not always get to know changes. Staff told us when they had new people on their rota they sometimes only found out the details about that person when they arrived at the person's home, or were only given brief details prior to the visit. This could mean the staff were unprepared of how to assist this person and may not be able to meet all their needs that day.

We saw the contracts in people's files on what the service was asked to provide for each person. The visits were planned for each member of staff on a rota system. The

rota was sent by email or posted to each person's home prior to staff visiting. People told us this ensured they knew the names of staff. We saw the visits had been recorded on the computer and on paper records. This was then used to inform the payroll staff. Each staff member had a mobile phone and used this to record times of visits.

Some people had contracts to help them with social inclusion in the community. This included staff visiting people's homes to help them to start to converse with others. Also to help people to integrate into the local community staff assisted them to make visits to shops and other community events. These were seen in care plans and included details of how people had coped with each new situation.

People with memory loss were prompted by staff to maintain their independence during each day. This included helping them choose clothes to wear and to maintain their personal hygiene. We saw care plans which gave details of contracts to ensure people were safe each day and how staff were to contact people's advocates. We saw that staff had ensured advocates were aware of hospital appointments and that care plans were updated when changes to a person's care had been seen.

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one we spoke with had made a formal complaint since using the service. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. The registered manager informed us they had contact with an organisation which could translate the complaints policy in different languages if required.

The complaints log detailed three formal complaints the registered manager had dealt with since our last visit. It recorded the details of the investigation and the outcomes for the complainant. Lessons learnt from the cases had been passed to staff through an email system. Staff confirmed these messages had been passed on.

Is the service well-led?

Our findings

People told us the service was well-led. There was a registered manager in post. They told us they were well looked after, could express their views to the registered manager and other staff and felt their opinions were valued in the running of the service. One person said, "I can speak with any one."

People who used the service and relatives completed questionnaires about the quality of service received. Some people told us they had recently completed questionnaires. One person said, "We get a lot of questionnaires to complete I sometimes get confused with the all, but I complete them regardless." We saw the results of the yearly questionnaires for 2015. The results were positive. People thought staff kept to time, were lovely friendly people and helped them stay at home. People suggested improvements in areas such as being able to have the same staff, longer call times and better local maps to ensure staff could reach them. The provider had responded to individual concerns and had shared the results with staff to work towards the improvements to be made.

Staff told us they worked well as a team. One staff member said, "Staff respond well to a challenge and will help out each other for holidays and sick leave." Another staff member said, "Although we are lone workers the team spirit is good. We all want to do a good job."

Staff told us team leaders communicated with them by telephone, text and email as it was so difficult to get staff together for meetings. They said they did enjoy the face to face training sessions as this meant they saw other staff. The registered manager kept records in staff personal files of when she had spoken with staff on certain topics which was pertinent to their department. This ensured the correct messages were received by the relevant departments. We saw these in the four staff personal files we reviewed.

The provider had a continuous development policy which gave staff details of how they should do their jobs and how they were going to communicate with people who used the service. The policy contained information on how they were going to record results from quality assurance audits and complaints and other comments. We saw these actions had been followed through in the audits we looked at.

There was sufficient evidence to show the registered manager had completed audits to test the quality of the service. These were split into tasks to complete at different times of the year. Staff were able to tell us which audits they were responsible in completing. Where actions were required these had been clearly identified and signed when completed. An example completed in May 2015 included details of updating the policy and procedure manual. However, some of the policies referred to previous regulatory legislation and not the Care Act 2014. The provider told us they would review this again and update their website. Accidents and incidents were analysed monthly, alongside other information on people who used the service such as care plans and risk assessments. Any changes of practice required by staff were highlighted in staff memos sent to each individual staff member by email.

Posters were on display and information was available on book-shelves about current guidance from CQC and other statutory bodies. This included about how to report accidents and environmental hazards.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The provider was currently going through a period of change as they had won a major local contract to give care to people in the community. We saw details in care plans about how staff were making links with other health and social care staff to ensure a thorough hand-over of people's care needs were completed. We saw letters which had been sent to people who they were now responsible for telling them who to contact now. The provider had also employed staff from other services, who had been giving that care so there was some continuity for people who used the service. Staff told us this was a busy time for them but they were learning new ways of working all the time. One staff member said, "There have been a few hiccups about timing and hand over information. Generally it has gone well." Another member of staff said they were working with the commissioners of services and their own and new staff to ensure a seamless service could be provided. A checklist was in place to ensure data was transferred safely.