Liberty Choice Ltd

Liberty Choice

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

This inspection took place on 12 January 2017 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Liberty Choice provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 36 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency was managed from a centrally located office base in Winchester.

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

People and their families told us they felt safe and secure when receiving care. Relevant recruitment checks were conducted before staff started working at Liberty Choice to make sure they were of good character and had the necessary skills. However, dates weren't clear in staff employment histories. Therefore it was not possible to identify whether there were any gaps in between jobs. The manager was aware of our concerns and actions to address them were put in place.

The risks to people were minimized through risk assessments, staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held regularly. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People received their medicines safely. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were

monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Recruiting practices were safe; however dates weren't clear in staff employment histories. Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

Risks to people's welfare were identified and plans put in place to minimise the risks.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. They were involved in planning the care and support they received. Their dignity and privacy was respected at all times.

Is the service responsive?

Good

The service was responsive.

People told us the care they received was personalised and their

needs were reviewed regularly to ensure their care plans remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

The service had appropriate policies in place.

Liberty Choice

Detailed findings

Background to this inspection

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

This inspection took place on 12 January 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in. The inspection was carried out by two inspectors and an expert by experience who had experience of caring for older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to eleven people who used the service, or their relatives by telephone and visited one person in their own home. We spoke with the registered manager, two care coordinators and five staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The service was last inspected in August 2013, when we did not identify any concerns.

Good

Is the service safe?

Our findings

People and their families told us they felt safe and the agency kept people safe whilst providing them with personal care. One person told us, "I certainly feel safe with my carers; I could not do without them." Another person said, "Oh, yes I feel I'm safe, there are always two of them [care staff]." A family member told us, "I have every confidence in the way they help my [person's name] who needs total care, they love [person's name] to bits and can manage them so well."

Recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The application form requested a full employment history; however, some staff had only put the year they were employed from and left their previous employment instead of actual dates. Therefore it was not possible to identify whether there were any gaps between jobs and ensure these were followed up during interviews. The registered manager informed us they would take action immediately to address our concerns.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if they were unwell. The registered manager and care coordinators were also available on call out of hours for emergencies or advice. The registered manager told us, "We have three people for back up in case of any sickness and we don't load staff up so we have some free time available."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One care staff member said, "I have had safeguarding training and if I had any concerns I would discuss with my manager and make sure my action is the right action to take."

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were also available for moving and handling, use of equipment, nutrition, medication and where necessary falls. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, in one care file we saw care staff were reminded to ensure the person had their lifeline emergency buzzer on when they were leaving the person's home. We observed staff using correct procedures to support a person with mobility needs to ensure both the person's and staff safety.

Liberty Choice supported people to take some risks where this was their choice and would promote independence and wellbeing. For example, one person liked to take their medicines immediately before going to bed but also like to go to bed late after care staff had left. The risk assessment identified that the person may forget their medicine as they had a cognitive impairment so staff were leaving the person a reminder note with their medicine. Staff said the person was consistently taking their medicine. Another person was at high risk of falls but wanted to continue to transfer independently. Care staff were also at risk if they tried to prevent the person falling. Liberty Choice had worked with the person, who was fully able to understand the risks and with an Occupational Therapist (OT) to manage the risk whilst promoting the person's independence and wishes. Risk assessments for this person showed how staff should support them without risk to care staff and minimising the risks to the person.

There were safe medication administration systems in place and people received their medicines when required. One person told us "They always remember them [medicines] and ask if I want paracetamol." We saw staff asking a person if they required any as needed pain relief. Care files contained a list of medicines people were prescribed and whether these were to be administered by care staff or family members. Care plans included specific information to direct care staff as to how people should be supported with their medicines. During induction care staff received training about how to support people with medicines. After the training, during shadowing shifts care staff told us they observed and then took more responsibility after their competency was assessed. Staff said their training had included how to complete the Medication Administration Records (MAR) and how to check the medicines they were giving were the correct ones. If they had any doubt they were clear they would telephone the office. MAR charts were checked when they were returned to the office monthly and any remedial actions were completed. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams and to ensure that people did not receive medicines too close together. This information was included in care plans and on MARs.

Good

Is the service effective?

Our findings

People and their families felt the care staff were effective and they were confident in their abilities to meet their needs. One person told us "Yes, they [care staff] know what they are doing." A family member told us, "They have had good training, they know what they are doing, how to move my [person's name] without hurting them, and how to dress them with no problems, they always let my [person's name] know what they are going to do." Another family member said, "[Care staff] are not just observant but have insight and interact well, my [person's name] cannot communicate verbally but they ask 'is there anything you would like us to do?" And "shall we go and have a shower and get dressed and they wait for a cue before proceeding." Other comments from people included, "[Care staff] must be well trained, they are confident in what they are doing."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. They also confirmed that the agency were currently supporting them to achieve a recognised qualification in Health and Social Care.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. The registered manager told us new staff were partnered up with a buddy for twelve weeks so they felt fully supported.

People were supported by staff who had supervisions (one to one meetings) with their manager and yearly appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff received on going monitoring and support by their managers.

People's health and personal care needs were met because staff knew people's needs and were able to describe how to meet them effectively. Information about people's health needs was included within their care files and care plans included information as to what support people may need in relation to these. Staff were aware of the action they should take if a person was unwell. For example, one care staff member told us about the action they had taken when they had arrived for a routine call and the person had been unwell. One family member told us, when carers found their relative unresponsive, staff had called, the emergency services and paramedics came and took their relative into hospital and staff alerted the family at the same time. Office staff told us how they had supported a person to receive treatment from a chiropodist. They had arranged for a care staff member the person was particularly fond of to be present when the chiropodist attended. This meant the person, who had previously refused treatment, had agreed to treatment as they were reassured by the presence of the staff member. This showed staff were able to identify when people's conditions required support they were not able to provide and took action to ensure these needs were met.

Duty rosters detailing which staff would be attending each call showed a high level of consistency of care staff for each person. One person told us, "It's usually the same [care staff]. Mostly ones who have been before." The person confirmed there were always two staff who were usually on or about on time, "Unless the traffic is really bad and then they phone me if they are going to be late." The agency sent a rota to each person weekly informing them of who would be attending and when. A person told us, "I have a list to tell me who is coming." Care staff told us the agency made sure that people received care from familiar, consistent care staff. One care worker said "It's nearly always the same people I go to." The registered manager said 'runs' are organised to enable care staff to have short journey times and staff are paid extra to cover travel time. When employing new staff they are matched to 'runs' and where they live and shadowing is focused on the people they will be supporting.

For most people either they or a family member prepared their meals. Care staff involved in the preparation of food told us they would always ask the person what they wanted. We saw this occurred whilst we were visiting one person. The office manager told us records of food and fluid people were offered and eaten were kept when there were concerns the person may not be eating enough. Care plans contained information about any special diets people required and about specific food or drink preferences and reminded staff to leave drinks for people. Within one care file there was health education information about eating well for older people. Office staff told us this person was reluctant to eat and they were preparing meals and snacks which they would leave as the person may then eat these at later times. One person was at a high risk of choking and required their meals to be of a softer texture. Although their family member was responsible for their meals and supporting the person this information was included in the care plan meaning staff would be aware of what may and may not be safe for the person to have.

People said they were always asked for their consent before care was provided. One person said, "They [staff] know what I need but always ask first saying "can I do..... for you?" And "is there anything else I can do before I go?" Staff said they gained people's consent before providing care. One care staff member said "I always ask first and tell them what I'm doing." People's care plans instructed staff about ensuring people's consent was gained and included consent forms which had been signed by the person or their relative. Care plans including data protection forms, permission to share forms and terms and conditions. These had all been signed by people showing they consented to the care planned and processes used by the agency to support the delivery of care.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. People told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide. Where people had some impairment in their decision making or cognitive ability staff were able to describe how they would support the person and were clear that people still had the right to refuse care or medicines. Staff described the process to follow if they were concerned a person was making decisions that were unsafe and that they would contact the office for guidance. Discussions with the registered manager showed they had a very clear understanding of people's rights under the MCA and were aware of the actions they should take to ensure people's rights were upheld.

Good

Is the service caring?

Our findings

People and relatives said staff were caring and they had a good relationship with them. They consistently reported a kind and caring approach relating to staff having a caring attitude, respecting dignity and maintaining independence. One person said, "[Care staff] are very kind, gentle and cheerful." Another person said, "There is nothing I cannot ask my carer to do, she is brilliant and does all I need willingly." A family member told us, "The carer's attitude is amazing, always smiling and happy, brilliant relationship with my [person's name], I am very pleased with the way [person's name] is being cared for."

People were treated with dignity and respect. One person told us, "They [staff] keep me covered up to protect my modesty as much as they can." We saw staff left a person for some private time after assisting them onto the toilet. Care plans contained guidance for staff about promoting and ensuring privacy such as reminding staff to keep a person covered during personal care. One care staff member told us, "Dignity always covered with towels and door closed and make sure the person is happy with what you are doing."

People were encouraged to be as independent as possible. One person told us, "They [staff] stay outside while I have my shower because I am wobbly, but respect my independence and privacy." Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One care staff member said they encouraged people to be as independent as possible encouraging them to undertake aspects of their own care where they were able to. They said, "I know what they can do and I only help with the other areas like their back." Care plans detailed what people could do and what they required support with. Another care staff member said, "I promote independence by gentle encouragement."

People said care staff consulted them about their care and how it was provided. One person told us "They always ask me" and we saw this was the case. Care staff asked the person where they would like to sit, where they would like to have their meal and what meal they wanted. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the office staff.

Office staff were aware that some people may have gender preferences regarding who supported them with personal care. All the agency staff were female. Office staff said if someone expressed a preference for a male staff member, they would explain that this was not possible before they accepted the care package. They gave an example of where they thought this may have been an issue but the person had been happy to have female care staff. The office staff were also aware people may have a preference for certain care staff. They explained how, should a person request not to have a particular care staff member this was noted on the computer meaning it would not be possible to allocate them to the person.

The registered manager described how they cared for the "whole person". People's life histories, hobbies and interests were recorded on the care plan, for example one stated a person liked watching 'soaps' but not [name of one soap]. Care plans also contained a section detailing what was important to the person such as people or pets. People's cultural needs were recorded. Information was also provided about people's religious views and needs and about external support circles they had. This demonstrated an understanding of the need to consider the person and not just provide the allocated and contracted tasks.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Good

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "They [staff] are brilliant, they go above and beyond." Another person said, "They do not just come in do their job and go, they make sure there is nothing else they can do for me."

People confirmed they had been involved in planning their care and in reviews of their care plans. There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. For example, we saw changes had been made to a person's care plan as they were now able to get upstairs and were no longer confined to the ground floor of their home. A team coordinator told us, "We work in the field so always check that service users are happy and if any changes are needed. We have an open line with service users and care staff. As a result we have never gone to a review and heard of something we are not already aware of."

A record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health. Staff responded to this and ensured care was provided to the person. The agency was responsive to changes in people's care needs. We saw that when necessary care staff provided additional support. For example, care staff had identified that a person required some items from a shop and contacted the office to ask advice as this was not included in the person's care plan. Office staff told the care worker to go to the shops to ensure the person had everything they needed. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the office know and were confident they would make any necessary arrangements.

Staff told us the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with the care plan. Staff told us they were always told about the needs of the people they provided care and support for. One care staff member showed us how technology was used to ensure staff could always access up to date information about people. One care staff member said, "There are care plans in the client's home but if I see a new name on my list, then I call the office to get all the information."

One care staff member said the "Care plans are good, everything is there that needs to be to provide care." Another care staff member said, "Care plans are amazing. Everything I need is in there." Care plans reflected people's individual needs and were not task focussed. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care.

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. We saw the results from the latest questionnaire, which had been sent out just before Christmas 2016. The results were positive especially on care and dignity. Comments included; 'very happy with my carers,' 'They are lovely, 'very happy with everything,' and 'very well organised.' However, the registered manager was dissatisfied with the number of

responses to surveys which had been received and was therefore planning to undertake the survey with people when reviews were held. They did this when we attended the home visit and the person was very satisfied with the service. This showed the registered manager actively sought feedback about the service.

People told us they knew how to make a complaint. Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been two complaints about the service over the last year which had been investigated thoroughly and people and their families were satisfied with their response.

Good

Is the service well-led?

Our findings

People and their families felt this was a well led service and that they would recommend the service to others. One family member said, "knowing my [person's name] has daily visits from this agency gives me peace of mind, I know I will be contacted if there should be a problem and they deal with all situations with sensitivity." Another family member told us they had an in-depth interview with the manager before care was started and a personal profile compiled. At the registered managers suggestion a family member was present for the first few visits to provide reassurance for the person who lived alone.

There was a clear management structure, which consisted of a registered manager and two service managers who supported the staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. The registered manager told us, "All members of the office team including myself do care work and cover weekends."

The management team promoted a positive culture and had an 'open door' policy. Staff said the registered manager was approachable and they were always made welcome at the office. One staff member told us, "Management are absolute lovely, very supportive. Feel I can go and talk to them anytime even about a personal issue and they would listen." Another staff member said, "I love my job as you don't get lost in the system, were all equals. It's really person centred and everything you say is listened to. Address one thing and you know it's going to be resolved." Other comments included, "Brilliant, brilliant management can't fault at all." And "The manager has been amazing really supportive."

Staff meetings were held every week for office staff, but could happen more frequently if something needed to be discussed with staff. We observed one of these meetings and the registered manager had brought a clock for a person who gets confused about whether it was night or day. They were hoping the clock would help improve their orientation as it was very clear to look at and see what day it was and whether it was night or day. Care staff also had regular staff meetings and these were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, and health and safety. Where issues were identified, remedial action was taken. The registered manager told us they were introducing a new medicines disposal form as they had identified that there was no system whereby pharmacists signed to confirm they had received medicines care staff returned to them. A care staff member commented on how the registered manager was, "always sorting something, and always looking to get better."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.