

# Runwood Homes Limited

# Liberty House

## Inspection report

Goodison Boulevard  
Doncaster  
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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:

Liberty House provides accommodation and care for up to 81 older people, some of whom may be living with dementia and other mental health needs. The accommodation is arranged over two floors with units specialising in dementia care and nursing on the ground floor and residential and nursing care on the second floor. There were 49 people living at the home at the time of our inspection.

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

People were comfortable in the presence of staff and they told us they felt safe. The provider had a system in place to make sure people were safeguarded from abuse. Risks associated with people's care were identified and actions taken to manage them. People's medicines were managed safely. Lessons were learned when things went wrong, and action was taken to improve the service and prevent recurrences.

There were enough staff to keep people safe and staff were recruited in a safe way.

People's needs were assessed, and their care and support planned and delivered in a person-centred way. Staff received the right training to meet people's needs. People's nutrition and hydration, health and wellbeing were well supported. They had regular access to healthcare services to help make sure their health care needs were met.

The home was clean, pleasantly presented and well maintained. 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.

Staff approached people in a caring way and there was emphasis on maintaining people's dignity. People and their relatives were involved in the assessment and care planning process, and people's preferences were clearly stated in their care plans. The provider employed a wellbeing lead who facilitated a varied program of engagement and activities. They also helped people to maintain contact with those who are important to them. People and their relatives knew how to make a complaint if they needed to.

The registered provider had a culture of learning and improvement and there was an effective system of governance in place to monitor and improve the quality and safety of the service. The service was well managed, and managers sought people's views about how the service could improve. The people we spoke with, their relatives and staff felt the registered manager was approachable and responsive. Staff worked well with partner professionals to meet people's individual needs.

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

### Rating at last inspection

This was our first inspection since the service was registered with CQC on 11 June 2020.

### Why we inspected

This was a planned inspection as the service had not previously been inspected. The inspection was also prompted in part due to concerns received about areas including safeguarding, staffing, medicines, moving and handling nutrition and hydration and the standard of care provided. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Effective key questions of this full report

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. This included checking the provider was meeting COVID-19 vaccination requirements.

### Follow up

The service was rated good. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

## 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 ●

# 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 included checking the provider was meeting COVID-19 vaccination requirements. 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:

This inspection was carried out by two 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.

#### Service and service type

Liberty House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. 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

The inspection activity started on 5 January and was completed on 20 January 2022.

During inspection site visits we toured the building and spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with a visiting health care professional. We also spent time observing people's care and interaction with staff in the lounges and dining areas to help us understand the experience of people living at the home.

We spoke with the registered manager and the two deputy managers. We spoke with five care staff, including two senior carers, the wellbeing lead and one member of ancillary staff. The area manager also attended to support the inspection.

We saw the day to day care records, risk assessments and care plans for three people. We observed people receiving their medicines and looked at three people's medicines records. We also saw monitoring records in relation to a number of areas, such as people's nutrition and hydration, weight and oral care. We reviewed records in relation to safeguarding concerns and complaints and the provider's responses to these. We looked at personnel and recruitment records for three staff.

We also interviewed six members of the staff team by telephone. We reviewed further records in relation to the management of the service, which were provided to us remotely. This included quality and safety systems and processes, meeting minutes, and staff training and supervision records.

We held a remote, online meeting with members of the management team on 20 January 2022 to discuss our findings.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- People and their relatives said the service was safe. One person told us, "I feel very safe, because I do know the faces [staff]." One person's relatives explained it was the presence of the staff, who made them feel their loved one was safe. They added, "[Person] doesn't want for care, they [staff] have been marvellous."
- Staff we spoke with told us they had received safeguarding training and knew how to respond and report safeguarding concerns to the appropriate person or authority to be investigated.
- The registered manager kept a clear record of safeguarding concerns and the outcomes. They liaised with the investigating local authority when a safeguarding concern was raised and made any recommended changes or improvements promptly to help keep people safe.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and well managed.
- There were appropriate risk management plans for risks to people, such as those relating to mobility, moving and handling and how the person could evacuate in an emergency. Risk assessments were assessed, monitored and updated to make sure people's plans of care remained current.
- The registered manager made sure the building and equipment were safe and well maintained. Equipment was serviced on a regular basis in line with requirements.

Staffing and recruitment

- The provider had systems in place to make sure staff were recruited safely.
- New staff were only employed after the provider had completed a range of recruitment checks. This helped to ensure staff were of suitable background and character work in a care setting.
- Most staff we spoke with told us they were having to work very hard. They added this was primarily due to staffing pressures related to Covid-19. However, they were clear this had not compromised the delivery of care to people or put them at risk.
- We saw staff interacting with people and saw they made themselves accessible and responded to people's needs and requests in a timely way. People and their relatives confirmed this. Although, some people and their relatives told us they felt staff were too busy and had to rush from task to task.
- The registered provider used a staffing tool to calculate the number of staff required, based on people's needs. We saw staff were allocated in line with this. We saw the provider was taking action to manage and alleviate the workforce pressures that were being experienced in the service.

Using medicines safely

- The provider had processes in place to make sure people's medicines were stored appropriately and administered as prescribed.
- The way medicines were managed and audited was clear and well organised.
- People's support needs for medicines had been assessed and people we spoke with said they were happy with the support they received with their medicines.
- Staff who administered medicines received appropriate training. They had access to clear information about people and their prescribed medicines and understood how people should be supported with these. Competency checks were completed to ensure staff supported people in the right way.
- Staff recorded the medicines people were given and when, on medicines administration records (MARs). Our checks indicated people received their prescribed medicines when they needed them.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- The registered manager made sure appropriate remedial action was taken when things went wrong.
- Accidents and incidents, including falls were monitored to identify any trends. analysed and action taken to minimise the risk of re occurrences.
- The registered manager discussed accidents and incidents with staff as a learning opportunity.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right care and support.

Adapting service, design, decoration to meet people's needs

- The environment was designed, equipped and decorated to a high standard. The staff showed care and respect, acknowledging this was people's home, and ensuring it was maintained as such. We observed people were relaxed and comfortable in the home.
- People had nicely presented pictures on their bedroom doors reflecting things that were important to each person. There were framed prints, themed for each corridor. This helped people to orientate themselves in the home.,
- The registered manager explained the service would usually have familiar objects in corridors to help people find their way around and to encourage engagement. However, Covid-19 infection control guidance limited this. We saw staff compensated for this, by responding in a timely way when people needed support.
- People had personalised their bedrooms with their own belongings, such as family photographs, memorabilia and soft furnishings.
- The garden areas were accessible and well maintained. This included an enclosed courtyard with raised beds, planted with fragrant plants and herbs.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles effectively.
- New staff received a structured induction, which included training and a period of shadowing with experienced staff members.
- The provider made sure all mandatory training was provided to staff and they received refresher training when necessary. Staff also received training designed with the needs of the people who used the service in mind. This included caring for people living with dementia. The records we saw confirmed this.
- The provider had systems for assessing staff performance. This included directly observing their practice and regular one to one supervision discussion with their line managers.

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

- People were supported to eat and drink enough to maintain a healthy and balanced diet.
- Where people had specialist dietary needs this was clearly recorded and catered for. There was information in people's care plans about their preferences in relation to meals and drinks. This helped make sure people received the food and drink of their choice.
- Overall, people were happy with the quality of the food and said they could have as much as they wanted. One person said "[The chef] is damn good and the food is excellent". One person found the portions a bit small. They added, "Sometimes the food is absolutely brilliant, and it's spoiled because it's cold." We fed this back to the registered manager.
- We observed lunch. The mealtime environment was pleasant, and people were supported to make choices. Where people required assistance to eat, staff supported them gently and maintained their dignity.

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

- Staff and managers shared information with other healthcare professionals such as the GP and district nurses to make sure people experienced a consistent, joined up approach in the care they received.
- We spoke with a healthcare professional who felt the service referred people appropriately and took on board their advice. The said, "I find the communication with the care team to be good. They respond quickly and seek and act on our advice when there are concerns about people's health."
- Staff spoke knowledgeably about people's health needs. One relative said, "Recently, [staff's] response to [my relative] being ill was brilliant. They were absolutely marvellous and had they not, [my relative] wouldn't be with us now."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service ensured people were involved in decisions about their care.
- People's care records highlighted where they could make their own decisions and how they could be supported to be as independent as possible.
- Where people were assessed as lacking capacity to make a particular decision, there was evidence best interest processes had been followed to protect people's rights.
- Staff had received training in the MCA and associated codes of practice. They understood their responsibilities under this Act. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated as individuals by staff, who were kind, considerate and treated people with respect. People and their relatives were positive about the care people received. For instance, one person said, "Oh yes, there's no one who isn't kind. Staff are great."
- Staff we spoke with knew people's histories interests. They spoke of the people they cared for with affection and respect. It was evident they had built positive relationships with people and knew what mattered to them.
- People's religious, cultural and spiritual needs were considered. For instance, the wellbeing lead provided practical support, including arranging opportunities for people to take part in group worship, as well as individual religious activities.
- We saw staff approaching and interacting with people very gently and reassuringly. People's relatives' said staff were also kind and supportive towards them. One relative said, "They [staff] were a really great emotional support to me as well, when [my relative] was ill and went into hospital." Another person's relatives said, "We can't fault the place, lovely with us, very welcoming."
- The management team led by example. We saw very warm and respectful interactions between people and members of the management team.

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

- People and their relatives told us they were able to express their views and were involved in decisions about their care.
- People's care plans included their views and preferences.
- We observed staff interacting with people and found they offered choices and respected the choices and decisions people made.
- Staff members told us people's day to day routines were based on their preferences and the care records we saw confirmed this.
- If people wanted or needed independent support with making decisions, the registered manager helped them to seek support from local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and made sure people's rights were upheld.
- Staff ensured people received the care they needed whilst being careful to maintain their dignity and privacy.
- People told us staff assisted them to promote their independence. One person told us, Staff know it's very

important to me to stay independent."

- People's confidentiality was respected, and people's care records were kept securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and were able to make sure they received person-centred care which met their needs.
- We looked at a sample of care plans. We found they were personalised, detailing each person's individual needs and how they liked to be cared for.
- People's care plans were regularly reviewed and updated to reflect people's changing needs.

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

- The service provided a varied activity programme. The provider employed a wellbeing lead responsible for organising activities and events and leading the staff team in providing social support to people.
- A pictorial weekly activity planner was displayed in the home. It featured activities such as baking, sewing and arts and crafts, as well as, exercise dance, and outdoor games. At the time of the inspection the wellbeing lead was making sure people had the opportunity to be involved in making a card for one person's one hundred and second birthday. In one lounge we saw people singing with the wellbeing lead. The large TV screen displayed the words of the songs and hymns, helping people to join in.
- There was a cinema room, a café bar, and a hairdressing and beauty salon. People told us they enjoyed and benefitted from these facilities.
- At a particular time in the morning we saw all staff in the home halted their tasks to spend time chatting with people. We were told this was 'tools down', a practice encouraged across all the provider's homes. It was evident that people both appreciated and benefited from this interaction.
- The home supported safe visiting by installing a pod and encouraging both window and garden visits. The staff team have supported people to keep in touch with their families and friends throughout the pandemic. This included people's relatives living abroad, sending updates and purchasing tablet computers to support people to talk to their loved ones virtually.

End of life care and support

- The provider had appropriate processes in place to make sure people could be supported in a pain free, dignified and sensitive way at the end of their life.
- Staff received training about providing people with end of their life care.
- People's care plans were designed to include their end of life wishes and preferences, including who they wanted to make their funeral arrangements. This included religious and cultural customs to be observed.
- The wellbeing lead had a role in end of life care, offering support to people and their families.

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS). If anyone required additional information in an accessible format, there were arrangements in place to provide this.
- People's individual communication needs were assessed and recorded within their care plan. These described the support people needed to enable staff to understand their wishes. We saw people who needed hearing aids were supported to wear them.

## Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to deal with people's concerns and complaints.
- The provider had a complaints policy and procedure. This explained how people and their relatives could complain about the service and how their complaints would be dealt with. Information about how to complain was displayed in the home.
- People and their relatives told us they were comfortable raising a concern or complaint if they needed to.
- The registered manager kept a record of complaints received. This showed any concerns raised by people were investigated, lessons were learned, and remedial action taken where required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The managers and staff understood their roles and responsibilities.
- The service had a range of quality monitoring arrangements in place, and we saw these were effective. Very comprehensive quality and safety audits were completed. Where these identified areas for improvement, action was taken to address these in a timely way.
- The registered provider had good oversight of the service. Clear procedures were followed in practice to review and make sure personalised care was provided.
- The registered manager understood their legal responsibilities and when to notify CQC about key events that occurred at the service.

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

- People and relatives we spoke with expressed confidence in the management team.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with promptly. Any feedback received was used as an opportunity to improve the service.
- Staff we spoke with were keen to provide a good quality service for people. They told us they worked together well as a team
- The registered manager had identified staff 'champions'. Champions led on areas such as, infection prevention and control, dignity, safeguarding and falls. They attended training and events to support their involvement, passed on information and promoted good practice within the service. We saw examples of how this was put into practice, raised awareness in the staff team and improved people's lives. For example, the home had a dignity champion whose role was to ensure people's care and support was compassionate, person centred and to look for ways to promote this.
- All staff we spoke with told us of good communication and support from the management team. Staff were confident in raising concerns with their managers. One staff member said, "I wouldn't think twice about it." Another staff member told us, "The manager has an 'open door' policy. I can speak to her and I feel she listens."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and met their duty of candour.

- The registered manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.
- The registered manager was aware of their responsibilities under the Duty of Candour. The management team were honest when things went wrong and proactive about putting things right.

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

- People told us the registered manager asked for their views. People described approaching members of the management team and receiving good help and advice.
- People had the opportunity to engage with the service and to be kept informed through regular meetings. Seeking people's views, and care plan audit and updates were included as part of the provider's 'resident of the day' system. This looked at every aspect of one person's care and support each day.
- One person who used the service acted as 'resident ambassador' to help make sure people's views influenced the way the service was run. Their role as resident ambassador included chairing residents' meetings and taking an active role in the staff recruitment process.
- The management team were involved in people's care and therefore had a good understanding of people's needs.

Working in partnership with others

- The care team worked closely with other agencies such as the local authority and healthcare professionals. Recommendations and advice from healthcare professionals were followed. This helped to make sure the care and support provided was up to date with current practice and helped people to achieve positive outcomes.