

Freedom Centre Ltd

# Liberty House

## Inspection report

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08 May 2017  
09 May 2017

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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

Liberty House is registered to provide care for up to seven people who are living with a learning disability. At the time of the inspection there were two people using the service.

This inspection took place on the 8 and 9 May 2017. Each visit lasted a half day and was carried out by one inspector.

There was a registered manager at the service. 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 service followed guidance in people's risk assessments and care plans to reduce the risk of unsafe care. People's records were up to date and indicated that care was provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance and staff training in place and staff were knowledgeable about the reporting procedure.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were understood but were not relevant to the service provided. People were supported by staff who took time to get to know them. Staff were aware how to promote people's safety and independence. People were provided with information to support them to make day-to-day decisions.

At the time of our inspection both people were supported by staff with their medicines.

We spoke to one person and all the staff. People and their relatives were involved in the planning of their care and support. We have not included quotes from people using the service or specific examples about their care in this report. This is because we want to ensure their privacy and confidentiality is maintained.

## 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.

Staff followed the guidance in people's risk assessments and care plans. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

Recruitment procedures ensured suitable staff were employed. Medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

The provider ensured people had given their consent to their care. Staff had received training to provide them with the knowledge and skills to meet people's individual needs. People had access to appropriate health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

People's independence was promoted and they were assisted to achieve their wishes.

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### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion

**Is the service well-led?**

The service was well led.

There was a registered manager in post. Systems in place to monitor the quality of the service were effective. There was an open culture at the service.

**Good** ●

# Liberty House

## **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 8 and 9 May 2017. It was conducted over two half days. The inspection team was comprised of one inspector.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Usually before an inspection visit 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. However this is a new service and we did not ask the provider for it.

We spoke to one person who lived there, three staff members and the registered manager. We looked at both people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records.

# Is the service safe?

## Our findings

Staff were aware of how to keep people safe and were also aware of their duty of care to keep people safe. They had completed safeguarding training and were issued with written information on what constitutes abuse and detailed information on where to report concerns. Staff understood this information. They understood their duty of care to report safeguarding issues and were able to tell us who to escalate their concerns to should this be necessary. They said they would follow through on any concerns they had until they were sure their issues had been addressed. We saw people were cared for in a safe environment.

Risk to people was understood and when care staff took people into the community a risk assessment was completed. There was a risk management system that guided staff on how to recognise risk, assess risk and actions taken or required. Risk identification included identifying who was at risk, what the risk was and control measures. Areas included risks in the home and risks while shopping and trips out and about.

The emphasis of the risk assessment was to encourage people to live as independently as possible and to develop living skills. Positive risk taking was encouraged. This was done to build people's confidence and independence. Incidents and accidents were recorded and where possible actions were put in place to mitigate risk to people.

Records showed staff were planned and deployed to meet people's needs. We saw and people and staff confirmed there were enough staff to keep people safe and meet their needs in a timely manner.

There was a robust recruitment process in place. This included security and identity checks and obtaining a full work history and references from previous employers.

We reviewed the systems in place in relation to the administration of medicines and found they were managed in a safe manner which met with current guidance. People received their medicines as prescribed and accurate records were maintained of the medicines when they were administered. There were protocols in place to instruct staff when and how to administer 'as required' medicines. 'As required' medicines are prescribed to be given when they are needed rather than at regular intervals. For example, they were offered for the relief of people's pain. Medicines were stored safely.

## Is the service effective?

### Our findings

Staff were trained to care for people living with learning difficulties. We saw the staff were experienced and had extensive updated training in this. The training included caring for people who exhibited behaviours that are not always easy to understand and respond to. This enabled them to provide appropriate care to people.

Staff members told us they had regular support through the supervision process. They said taking part in supervision gave them the opportunity to discuss anything of concern. Supervision is a two way meeting allowing staff to raise any areas of concern or areas they wish to develop in. .

Staff understood the need to obtain consent from people before they provided care. The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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.

The provider understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When required, the provider had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The provider and staff understood the importance of acting in people's best interests and the key principles of the MCA. At the time of our inspection visits no one was subjected to a DoLS. All staff were aware of this.

We did not observe meals. People told us they were involved in menu planning and staff assisted them to do a weekly grocery shop and menu planning to ensure good nutrition and also to ensure meals were enjoyable. One night was a dedicated 'take away', night. We were told this was enjoyed by all. At the time of our visits no one had any individual nutritional needs.

People's physical and mental health was promoted in a timely manner. Staff had access to information on people's health care needs and how to help them to maintain good health.

## Is the service caring?

### Our findings

People were cared for by caring staff who were kind and compassionate. People told us the care helped give them the confidence to live as they wanted to.

The service promoted people's skills and independence. Staff endeavoured to ensure they knew and met people's wishes so that they could have choices about how they approached life. From records we reviewed and our conversations with people and staff, we saw people were encouraged to make choices about all aspects of their life. This included how they wanted to dress and spend their time.

We were told and we saw the service promoted people's dignity. Staff were seen to be respectful of people and when staff spoke about people this was done in a dignified manner. Staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this.

We saw staff had a good relationship with people and there was a lot of fun, laughter and joking between staff and people.

Staff understood the importance of promoting people's friendships outside the service and we saw there were system in place to ensure this was supported.



## Is the service responsive?

### Our findings

People had their needs recognised and met because the provider had involved them in drawing up their care plans. We saw people were involved in care planning.

Care plans were personalised to identify and meet people's needs and wishes. Where possible care plans included photographs of areas of people's life that were important to them. There was a personal history to assist staff to offer better care. Staff were also involved in care planning and said they felt their knowledge of people was used in care planning so people received the care they wanted and needed.

As there were two people living at the home their care planning was on-going and reviewed on a daily basis. Care plans gave staff clear and precise directions on how to care for people and how they wanted their care delivered.

People were offered stimulation and we saw staff had time to spend with people. The service recognised what was important to people and endeavoured to meet those needs. Both people had very busy lives that they were happy with.

People were consulted on how the service was managed and run. This was done through daily conversations where people decided on outings and menu planning and how to spend special occasions such as birthdays.

The provider listened to people through the complaints procedure. There were no outstanding complaints. People said the manager was easy to talk to and if they had a problem they could go to them.

## Is the service well-led?

### Our findings

The registered manager told us they listened to people and staff through the reviews of care, staff meetings and talking to staff. People said that the registered manager was accessible and approachable. All felt they were listened to.

The registered managers understood their managerial and legal responsibilities, for example, how to support people's legal rights under the Mental Capacity Act. People's personal care records were updated and stored in the central office and in each person's home. They were updated in the office regularly. The provider was therefore ensuring that the service operated efficiently and that the registered manager had access to people's records.

Although this was a very small service there was a clear management structure in place. Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant information and support in their role and responsibilities.

There were robust procedures in place to ensure people were getting the service they wanted and that it was delivered in a manner that promoted their dignity and privacy. People's independence was promoted.

The provider had a quality assurance process in place. This was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as medication administration.

Staff spoke positively about working at the service and praised management and leadership. They said they were regularly asked for their views about people's care in one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. Staff we spoke with praised the registered manager for their support.