

Liberty Support Services Limited

Liberty Support - Midlands

Inspection report

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25 July 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Liberty Support - Midlands is a supported living service providing personal care to 19 people at the time of the inspection. People lived in shared houses, flats and bungalows across different areas within the West Midlands. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support

People were not always supported by staff who had received training in line with their needs. However, staff knew people well and people told us they felt safe. People received their medicines safely, but the systems in place to manage medicines weren't always effective.

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.

People were assessed so any potential risks were identified, and steps taken to keep them safe. Systems in place safeguarded people from abuse and staff were knowledgeable about how to support people safely. People were protected from harm through infection control measures.

Right Care

Observations and records showed that people experienced choice and control over their support and care planning was person-centred. People's religion, culture and sexuality was considered as part of their care and staff knew people's likes and dislikes.

Right Culture

Systems and processes in place promoted a positive culture at the service. However, ongoing improvements were required to ensure the governance systems were effective. Action plans were in place to drive further changes to the service such as a new process for gaining feedback from people, relatives, staff and professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service which commenced on 23 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which were considered at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Liberty Support - Midlands on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Liberty Support - Midlands

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The service was in the process of recruiting a manager who would subsequently seek to register with the Care Quality Commission.

Notice of inspection

We gave the service 12 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 20 July 2022 and ended on 25 July 2022. We visited the office location on 20 July 2022.

What we did before inspection

We reviewed information we had received about this service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met with nine people who used the service and spoke with six relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, director of operations, managers, team leaders and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Where people were prescribed 'as required' medications (PRN), there were protocols in place to advise staff about their use. However, these protocols did not always contain the relevant information to support the staff in determining if the use of a medication was appropriate. For example, some protocols advised the staff to refer to the person's behaviour support plan. This meant the information about whether the medication was appropriate was not immediately accessible to the staff member and could delay decision making. The provider has now added the relevant information into people's PRN protocols.
- Systems for auditing people's medications were not always clear and robust. Daily counts of medications were on separate sheets, meaning that discrepancies may not have been easy to identify. Staff sometimes recorded how many boxes of medication were received instead of numbers of tablets. Despite this, we were satisfied that these issues had not impacted on people's safety. The provider took immediate steps to address these matters.
- People were receiving medications safely. When asked about if they were happy with how staff supported them with medication, one person told us, "I've got no worries at all. I let them get on with it; it's their job."

Systems and processes to safeguard people from the risk of abuse

- At the last inspection there was mixed feedback from relatives about whether they felt their loved ones were safe. At this inspection relatives generally felt their family members were safe, but some acknowledged there were still improvements to be made before they would feel confident in the service. One family member told us, "Things have improved, but the first year was horrific... I have to say they did get better, but the issue lies with management."
- People who were able to communicate verbally, told us they felt safe. We observed people being relaxed and happy whilst spending time with their support staff.
- Staff had received safeguarding training and felt able to escalate any concerns they might have about the people they support.

Staffing and recruitment

- Staffing levels were maintained at the assessed level to support people safely. However, several services were reliant on agency staff to meet people's needs. The provider had taken a number of actions to address recruitment into the service and to ensure existing staff were working within safe conditions. The progress of staff recruitment was ongoing and is a known difficulty across the adult social care sector.
- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

Preventing and controlling infection

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found staff were not wearing personal protective equipment (PPE) correctly. In addition, infection control measures such as enhanced cleaning, pedal bins for disposing of waste and PPE stations were not implemented. Following the inspection, we were provided with an action plan and external professionals provided advice to the provider about how to address the concerns. During this inspection we found there had been an improvement in infection control measures.
- We observed staff wearing PPE in line with current government recommendations. PPE was available for staff in the supported living settings we visited. Staff were able to tell us about what PPE they used in different circumstances.
- Records detailed, and staff confirmed, that regular lateral flow testing was in place for staff. This helped to minimise the risk of staff without symptoms of COVID-19 spreading infection.
- The environments we visited appeared clean and hygienic and cleaning schedules were in place. One person told us, "The house is spotless. They clean rooms, change the bedding. It's part of the routine."

Assessing risk, safety monitoring and management

- At the last inspection it was identified that some of the supported living settings presented environmental risks to people and there were not clear systems in place to support people to seek improvements to their homes. The care provider now had an action plan in place, and we observed work was underway to complete renovations in a number of properties. For example, one setting was having the garden landscaped to make the space safe for people to use. People at another house had been supported to contact their landlord and decorative works were underway.
- Risk assessments were completed to consider people's individual needs. For example, one person had several assessments to consider different potential risks to them in the community. Staff were able to describe how they would minimise these risks when supporting the person with activities in the local area.
- Plans were in place to reduce restrictive intervention. People's care and support plans included ways to avoid or minimise the need for restricting their freedom. One staff member explained "If [the person I support] is distressed, I redirect them and reassure them it is ok. I give them space to calm down."

Learning lessons when things go wrong

- In the event people displayed behaviour that put them at risk, there was documentation in place to record any incidents and review the lead up to the incident and what happened during the event. Where PRN medication was given to support people with behaviours that may challenge, this was also recorded and reviewed to ensure it was being used appropriately.
- There were plans in place for the positive behaviour support (PBS) coordinator to review incidents to identify any trends or learning. However, this wasn't always possible whilst the service was awaiting new members of the management team to commence their roles. In the interim, the nominated individual had overall oversight of identifying any learning.
- The provider was open and transparent about the shortfalls identified in the service when the new

management team was put in place around the time of our previous inspection. Several action plans had been formulated and the progress was expected to accelerate when additional new members of the management team commenced employment following our inspection.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection we found that work was underway to address shortfalls in skills and training of staff. This process was ongoing, with mandatory training being the key focus. A new online training system had been adopted and plans were in place to provide face to face training. The management team acknowledged that significant work was still to be completed in this area to ensure staff were equipped with the relevant knowledge and skills.
- Training was not in place for learning disabilities, in line with the legal requirement introduced in the Health and Care Act 2022 on 01 July 2022. The provider took immediate steps to introduce this and staff were enrolled on online learning disability and autism training.
- Training records showed that several staff had not completed specialist training relevant to the people they were supporting; for example, diabetes or epilepsy training. However, staff were knowledgeable about people's health needs and how to support them.
- A new induction programme had been introduced to ensure new staff were well-equipped to carry out their role. New staff members told us they found the induction helpful and it gave them insight into people's needs.
- A new program of safety intervention and PBS training was underway for some staff and scheduled for others. This would support staff working with people who may display behaviours that could challenge.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans and risk assessments were in place to guide staff about people's support and choices. However, care plans did not always contain important information about people's needs or preferences. For example, one person's preference about the gender of staff was not documented. Another person's diabetes plan did not include details of safe parameters for their blood sugars. Despite this, staff knew this information and were supporting people appropriately.
- People who displayed behaviour that could challenge, had PBS plans in place. However, there was a significant disparity in the quality and detail of these documents. The provider was aware of this issue and a PBS coordinator was employed with a view to not only improving the documentation but running workshops with staff to ensure the information was understood by people's staff teams.
- People's care plans were holistic and considered people's religion, culture and sexuality. Staff knew about these areas of people's lives and records showed that the care plans were adhered to. For example, people were supported to regularly practice their religion if this was important to them.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Records did not always detail how the MCA or best interests' decisions were incorporated into the service. One supported living location was in the process of seeking COVID-19 vaccines in people's best interests; we were advised that this would be documented appropriately once the decisions had been considered.
- Where people were deprived of their liberty in their best interests, systems were in place to ensure this was authorised as appropriate.
- People and relatives told us that staff sought people's consent when supporting them.
- Staff understood how to support people in their best interests. For example, one staff member described how they would choose activities in the community that they knew the person wouldn't find distressing, as this helped to keep the person safe.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough and were encouraged with healthy choices. Records detailed people's likes and dislikes in terms of routines and food choices.
- Care plans recorded people's individual dietary needs and staff were knowledgeable about these requirements. For example, one staff member explained how they supported a person to maintain a specialist diet for religious reasons and prompted them to maintain hydration levels in line with their care plan.
- People and relatives told us people were supported to access healthcare services as needed. One relative said, "They are quick to take [my loved one] to the doctors if needed."
- Records demonstrated, and professionals confirmed, that people were supported to have regular appointments to monitor health conditions. Staff were said to be responsive to advice from healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection the provider had failed to implement robust systems and processes to ensure effective governance of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however, improvements were still required.

- At our last inspection we found there was a lack of robust systems for ensuring the safe and effective operation of the service. At this inspection we found that some areas requiring improvement had been addressed, however there was still ongoing work required to implement and embed good governance at the service.
- Following our last inspection, the provider sent CQC an action plan to detail how shortfalls in governance systems would be remedied. Our latest inspection took place in the days following the action plan being submitted. As a result, the provider had not yet completed all of these actions. However, since the last inspection there had been improved systems and processes for infection control, escalating maintenance issues and the provision of training.
- The provider was working closely with the Local Authority and other professionals in relation to one supported living service. Action plans had been formulated and the provider had a clear vision for driving improvements. However, feedback from local partner agencies identified that whilst improvements were being made, the pace of change wasn't always swift.
- Systems in place had not always identified the issues highlighted by the inspection, such as the concerns regarding medication governance, or the lack of specialist training for learning disabilities. Despite this, the provider was responsive to our findings and took immediate actions to address effective systems.
- A new online system was being implemented with a view to making care plans, daily records and incident forms easier to access and update in a timely way. However, this had not yet been fully adopted throughout the service. As a result, there was a mixture of electronic and paper records, and systems differed across the supported living services. The provider had a clear action plan with timescales to detail when the electronic system would be fully adopted throughout the service.
- Whilst work was underway to review and update people's support records, there was an inconsistency in

the quality of people's assessments, care plans and records. The provider was aware of these shortfalls and was taking steps to review the documents in place.

- The provider had recruited several experienced professionals to take up management positions at Liberty Support – Midlands. At the time of our inspection, a number of new managers were expected to start their posts imminently. This included an individual who would seek to become the registered manager with CQC. There were plans in place to support the new management team to drive further improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us they were involved in reviews of the care and support provided. However, some family members found communication with the service was not always easy and there was a lack of clarity about who they should contact for information.

- Staff felt supported by management and able to approach them with any issues or concerns. Records showed there was a system in place for staff supervision and team meetings.

- The provider's action plans detailed the feedback system that would be implemented going forward. A communications strategy was being formulated to encompass this and take forward any learning or improvements identified as a result.

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

- Some relatives told us that staff shortages meant their loved ones did not always get to engage in as many community activities as they would like. The provider acknowledged that recruitment of permanent staff was ongoing, and they would look into individual concerns.

- People told us there had been positive changes since the new management team took over the provider. One person said, "There's been a lot of changes; it's a lot better. The culture of care has changed."

- Staff spoke highly of the new management team and their roles at Liberty Support – Midlands. One staff member told us, "I love working here. The management listen to everything I say." Another staff member said, "The management are getting a lot better. It's going in the right direction."

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 nominated individual had a clear understanding of duty of candour and their statutory responsibilities to notify CQC of certain incidents and events.

- The provider was transparent about the areas of the service requiring improvement and openly shared information with CQC about any shortfalls identified.