

Libertas Care Limited

Libertas Care Limited - 3 The Barley Yard

Inspection report

3 The Barley Yard
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23 October 2019

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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

Libertas Care – 3 The Barley Yard is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 49 people were receiving the regulated activity of personal care. Care packages ranged from a few hours a week to live-in-care.

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

People were supported by an agency which was well managed and provided a very personalised service to people. The provider was committed to seeking people's views and ensuring on-going improvements to the care people received. People told us staff were always happy and cheerful when they visited them.

People received their care safely from staff who had been well recruited and trained. This helped to minimise the risks of abuse to people. Everyone we spoke with was very happy with the service and said they would recommend it to others who needed support in their home.

People could be confident they would receive their support at the time requested and it would be provided by staff they knew well and felt comfortable with.

People benefited from an on-call system which meant they could speak to a member of the management team any time of the day or night. This meant there was always someone to share concerns with or ask advice from.

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 cared for by staff who were kind and caring and often went out of their way to help them. People felt valued and respected by staff and the provider. People were fully involved in planning their care and continued to be in control of how and when care was provided.

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

Rating at last inspection

Requires Improvement (Report published 24 October 2018) and there was one breach of regulations. 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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Libertas Care Limited - 3

The Barley Yard

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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. The inspector visited the office and met with staff and people who used the service. The Expert by Experience sought people's view through telephone interviews.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 announced.

We gave the service 72 hours' notice of the inspection visit because we needed to be sure the registered

manager would be available. It also gave the registered manager time to arrange for us to speak to staff and people who used the service.

Inspection activity started on 22 October 2019 and ended on 23 October 2019. We visited the office location on both dates to meet with staff; and to review care records and policies and procedures.

What we did before the inspection

We reviewed information we had received from and about the service since the last inspection. 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

During the inspection we met with four people and one relative. The Expert by Experience spoke with seven people who used the service and five relatives on the telephone. We also spoke with nine members of staff. The registered manager and nominated individual were present throughout the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a selection of records which included;

- Three care and support plans

- Three staff files

- A sample of medication administration records.

- Records of incidents and accidents.

- A selection of compliments

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 now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we found that medicines were not always managed safely and there was no clear information regarding people's capacity around medication administration. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found improvements had been made and people received their medicines safely.
- People received their medicines safely from staff who had been trained and had their competency assessed by a senior member of staff. Medication administration records were correctly completed when administered or refused. This allowed the effectiveness of prescribed medicines to be monitored.
- People had confidence in the staff who assisted them with medicines. One person told us about when they had been sent the wrong medication from the surgery. They said, "The carer checked the box and noticed it was wrong. They sorted it out." Another person commented about their medicines, "They do it all by the book, they sign it. I can't fault them."

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe with the staff who supported them. One person told us, "I feel very safe as soon as they come in. If anything goes wrong, they would know what to do. I'm confident with them." Another person said, "I feel safe because they don't push me. They know where I hurt and make sure they don't hurt me." A relative commented, "If I want to go out, I can relax knowing Libertas is with them and they are totally safe."
- Risks of abuse to people were minimised because the provider had systems in place which helped to protect people. These included a robust recruitment process and training for staff. The provider also made sure new staff did not work alone until they were confident and competent.
- The provider was aware of people's possible vulnerability and ensured they had information and support to keep them safe. For example, providing thermometers to help people keep their homes warm and posters to deter trick or treaters at Halloween.
- There were adequate numbers of staff to maintain people's safety and meet their needs. There was a flexible workforce and the provider only accepted requests for care if they had the appropriate staff available.
- People said they received care at the right time from staff they knew. One person said, "I get a rota each week. The name they put down is the person that comes. It's dead on time." People received their care from a small group of staff who knew them well. One person said, "It's consistent. There's a group of the same people. If a new carer is introduced, they come with an old one to start with."

Assessing risk, safety monitoring and management

- Risks to people and staff were minimised because risk assessments were carried out and adjustments made to ensure care was provided safely. Staff were trained to use specific equipment with people and their competency assessed to make sure people were helped in a safe way.
- When staff identified risks to people's safety or well-being they liaised with other professionals to ensure people had the support they needed. For example, staff had contacted occupational therapists on a number of occasions to help ensure people had equipment which met their needs and reduced risks.
- Staff worked with other agencies to ensure people's safety. For example, a risk assessment raised concerns about a person's heating and the staff contacted the fire service for further advice and support for the person.
- The provider had contingency plans in place to make sure people remained safe in difficult circumstances. There were plans to make sure a service continued to be delivered in adverse weather conditions. We saw photographs which showed that in the heavy snow staff had visited one person by tractor.

Preventing and controlling infection

- People were protected from the risks of infection. Staff had received training in good infection control practices and were issued with personal protective equipment such as disposable gloves and aprons.
- People told us staff practiced good infection control when they supported them with personal care. One person told us, "Absolutely marvellous. When they help me they wear gloves and an apron. When I've finished they take them off and put on a new set before they do anything else."

Learning lessons when things go wrong

- People benefited from a provider and staff team who were open and approachable. They appreciated that at times things did not go right and used these situations to learn and improve. One member of staff told us, "We are always encouraged to be honest. Everything is dealt with and treated as learning."
- Records were kept of all incidents which occurred, and these showed action was taken to improve practice where possible. For example, following a medicines' recording error additional supervision and training were offered to a staff member.

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 Good. At this inspection this key question has remained the same.

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 had their needs assessed before they began to use the service. From initial assessments care plans were written to show how people wanted their needs to be met. People were fully involved in deciding on, and planning, their care. One person said, "From the very beginning it has been about what I want from them. I am 100% in control."
- Care plans were extremely detailed and gave staff all the information they required to effectively support people. We met one person with a member of staff. The member of staff talked us through their care plan and we saw they were receiving the care specified in the plan.
- Guidance from other professionals was incorporated into care plans to make sure people received care and support in accordance with up to date good practice guidelines. For example, one person had a care plan which had been created in partnership with a speech and language therapist. We saw staff following these guidelines.

Staff support: induction, training, skills and experience

- Without exception everyone we spoke with thought staff were well trained. Comments included; "They get the right training. They're competent," "Yes I think they are well trained, they seem to know what to do and how to do it" and "They read up and have all the research. They all know exactly what they are doing."
- Staff felt well supported by the organisation. Staff said they had regular supervisions and training sessions to make sure they kept up to date with any changes in good practice or legislation. All staff completed a full induction programme and were able to shadow more experienced staff until they felt ready to work on their own. One member of staff said, "My induction was brilliant."
- Staff had their competency assessed following any training to make sure they had understood what they had learnt and were able to put it into practice. One member of staff told us, "It gives you confidence because they have made sure you've understood."

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

- Some people were supported with meals of their choosing. One person said, "They make breakfast every day, it's very nice, just as I like it." Another person told us, "I have my own food, they say 'what's the menu today' I tell them what I would like, and they do it lovely for me."

- Where people required food and drinks to be served at a specific consistency there were clear guidelines for staff to follow. We saw a person received a drink at the consistency specified in their care plan.

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

- People's health was monitored by staff who were observant and noticed changes in people that may require medical attention. One person said, "When they were helping me shower they noticed something that I hadn't seen. I went straight to the GP and got it sorted." Another person said, "One of the biggest things I can't thank them enough for, is recognising when I needed to see a GP. Over a few days she [staff] gently suggested I see the doctor, she came with me. Without her I might have spiralled into another episode."
- Staff worked in partnership with other professionals to make sure people received the care and support they needed. When one person with very complex needs, was admitted to hospital the staff continued to support them. The person's relative said, "They carried on when they were in hospital. The continuity was brilliant, they were spot on with everything. Everyone commented how lovely they were."
- Staff had good relationships with other professionals which helped to make sure people received joined up effective care. During the inspection a community nurse came to the office to discuss a person's care with the care manager. When we met the person and their relative they told us, "They all work with the district nurses to meet [person's name] needs."
- People could be confident that if they needed help from the emergency services all the information they required would be available. All care plans contained emergency information for use by the ambulance service. This gave details of allergies, medical conditions and relevant contacts.

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.

- People told us they only received support with their consent. One person said, "They always ask at the beginning of the visit, she never just assumes." Another person told us, "They always ask what you want and never just get on and do it."
- People's legal rights were respected. Where people lacked the mental capacity to give consent the staff consulted with relevant people to make sure any decisions were made in people's best interests.
- Most people using the service were able to make decisions for themselves, Records showed where people

had appointed Lasting Powers of Attorney (LPA's). Only people with the appropriate legal power had signed consent forms on behalf of relatives.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The provider led by example to make sure people received a service which was respectful and kind. Staff told us the provider showed kindness to the staff team as well as the people who used the service. One staff member told us, "One of the best things about the job is they are lovely people to work for. You feel valued." Another member of staff said, "They really believe in care."
- People were treated with kindness and compassion. People told us staff were always kind and caring. One person told us, "They've been marvellous to me, lovely ladies that come." Another person commented, "They are all so lovely and kind. I go to the office once a month and they are so welcoming. I am totally comfortable."
- People were matched to staff who shared their interests and values. One person told us how well they thought they had been matched to the member of staff who supported them. They told us, "We clicked from the first day. [Staff name] has become like family. I totally trust her."
- People's individuality and diversity were respected. Staff had access to information about people's personal histories and provided care in a way that respected their faiths, beliefs and lifestyle choices. One member of staff said, "We have good information about people and everything we do is about being person centred and respecting people's wishes."
- We heard examples of when staff had 'Gone the extra mile' to help people. Examples included; the administrator sourcing specific clothing to ensure a person's comfort and supporting a person attend a special family occasion. One relative told us how one of the staff had gone out of their way to find a specific product on the internet and order it because it was very expensive in the local shop. The relative said, "She asked me if it would be alright. They are so caring and thoughtful."

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and promoted. One person told us, "They have really boosted my confidence. I've become more active and go out more because of them."
- Staff supported people to take part in rehabilitation and live as full and independent live as possible. One relative wrote a testimonial stating the care received from Libertas had enabled their relative to move from a nursing home back to their home with 24-hour live-in support. The relative wrote, "Their quality of life has improved immeasurably. They offer a truly professional service where [person's name's] well-being is at the

centre of everything they do for us."

- People's privacy and dignity was respected. People told us staff were always respectful and gentle when they supported them with personal care. One person said, "They are very respectful of one's dignity. They don't hover around if they aren't needed." Another person said, "I'm thrilled with how they do personal care. I'm never embarrassed, they put a towel over me. So kind."
- The provider helped people to source equipment to promote independence. For example, the provider had ensured people who were living with dementia had dementia friendly clocks, so they could orientate themselves and know when care staff would be visiting.

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

- People were fully involved in planning their care and support. Each person who used the service was initially visited by the care manager to assess their needs and discuss their wishes. One person said, "They came and asked me what was wanted and how they could help. It's reviewed as I need it. They're so good."
- Staff regularly checked with people to make sure their care continued to reflect their wishes. One person told us, "Every time they visit they ask if there is anything I want. They ask all the time if I'd like anything done differently. They include me in everything." Another person commented, "They discuss everything with me."
- The staff worked at people's pace to enable them to remain in control of their lives. Staff were guided by people and relatives to gain people's confidence and trust before providing care. One relative told us how staff chatted to the person to make sure they were comfortable with everything. One relative said, "When they come he might say he doesn't want to get out of bed. They chat to him and two minutes later he's getting out of bed. They are the same girls that come, and he trusts them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People's care was planned with them to make sure it met their needs and wishes. Staff had information about people's needs and their likes and dislikes to make sure care was personalised to each person.
- People were supported by consistent teams of staff who knew them well. This helped them to build relationships and provide care that was very personal to the individual. Staff spoke warmly about the people they supported and gave examples of how they adapted the care they provided to each person.
- The service was flexible to enable people to remain in control of their lives. One person told us, "They do listen if you want to change the usual routine. I've got a lot of appointments and they've fixed up for a carer to take me. They are very good." Another person said, "They have built the package around me."
- The staff adapted to meet people's preferences. One person told us they had requested that staff did not wear uniforms, and this had been accommodated without question.
- The staff took account of people's holistic needs and also supported family carers in their role. This had included enabling family members to take part in moving and handling training, to make sure the person they cared for remained safe at all times. One relative told us how difficult it could be being a carer but said the staff who cared for their relative also cared for them. They said, "I feel I can speak about anything to them and their company and friendship is wonderful"

End of life care and support

- In addition to on-going personal care, the agency was also able to provide end of life care at short notice. In some circumstances this enabled people to be discharged from hospital to die in their own homes. Staff worked with other professionals to make sure people were kept comfortable and pain free.
- Staff made people feel valued and special at the end of their lives. Staff had supported one person to go out shopping one last time at their request. They had also given a person a makeover, as on the day they felt able to attend a special family wedding. They died shortly after but had been able to be part of the event.
- People could be confident that at the end of their lives they would receive compassionate and professional care from well trained staff. The staff had received numerous thank you cards. One relative had written, "So grateful for all the help and support you and your wonderful carers gave us during the last weeks of their life, we honestly do not know how we would have managed without them. Your staff are amazing." Another card said, "[Staff name] was with him when he passed away. They responded in a highly professional and calm manner. They spent the last few hours of his life just holding his hand."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. The registered manager informed us that all information could be provided in any format or language to make sure it was accessible to all. They also said that if people preferred, staff would read any information to them.
- For people with complex needs some aspects of their care plan were in picture format. One person we visited had pictures showing exactly how they liked to be positioned. This ensured that even if they were not able to verbalise their needs staff had clear information.

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

- People had access to social events organised by the provider. These included Easter and Christmas parties for people, staff and families. One person said, "I go to the parties. All the children come. It's lovely." The provider told us they were planning to make more social occasions available to people.
- The office was open and welcoming. People could visit whenever they wished. One person told us they had wanted to meet the people they spoke with on the phone so arranged to visit. They told us, "When I got there they did afternoon tea. They even checked with my carer what my favourite cake was." Another person told us going to the office for a coffee was a social occasion which they had built into their routine. They said, "It gives me another reason to go out. I feel so welcome and part of it all."
- Staff helped people to keep in touch with friends and family. Some people had been supported to attend family gatherings and staff had also helped people to speak with people through facetime. This helped people to keep in touch with friends and family when they were unable to independently meet with them.
- The provider offered a live-in-care service which helped people to avoid social isolation. We were told how people receiving this service could be involved in interviewing staff to make sure they had staff they were socially compatible with, so they could enjoy companionship and friendship together.

Improving care quality in response to complaints or concerns

- Everyone received a copy of the complaints procedure when they began to use the service. No one we asked had any complaints about the service, but all knew how to raise a complaint if they wanted to. One person said, "Oh no, no complaints. When they first came to see me, they showed me all that. It's in the folder."
- People were confident that any complaints made would be listened to and responded to. One person said, "You could easily make a complaint. I've never had cause to but know it would be taken seriously." Another person commented, "I'm certain if you made a complaint you wouldn't be judged. They'd just want to sort it out for you."

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 now improved to 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; 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

At the last inspection we found quality assurance audits had not always been effective in identifying shortfalls in the service. At this inspection we found the provider had used the feedback to improve systems and services.

- People were supported by an agency where there was a clear management structure with identified areas of responsibility. Since the last inspection changes had been made to the structure and this led to a very well organised service for people. One person told us, "Extremely efficient." Another person said, "They are very well organised, they're conscientious, get everything right to keep things going."
- The provider used audits and feedback to plan improvements. Nominated managers were responsible for auditing specific areas of practice to identify if changes needed to be made. There were regular checks on staff practice which gave people confidence in the service. One person told us, "They do spot checks. One or two of the ladies come and do duty as well. If they think it's got to be different they might come and advise them. They are all involved a lot."
- People were supported by an agency who were open and honest. Staff told us that honesty was always encouraged and they felt able to discuss any issues with any member of the management team. People said they could ring, or visit, the office at any time and would be listened to.
- People and staff were able to access managers 24 hours a day and seven days a week. This meant people could always raise concerns and staff always had access to advice and support. There was always a member of the management team on duty to respond to concerns or address staff issues. If staff were unavailable at short notice members of the management team undertook care duties to make sure people received support. There had been no missed calls in the last 12 months.

Continuous learning and improving care

- The provider kept up to date with good practice and liaised with relevant professionals to learn from issues and ensure high standards. They were part of a providers' association and used a consultancy group for support with staff issues and policies and procedures. This helped to ensure care provided was in

accordance with up to date best practice and legislation. Information about changes was shared with staff through weekly newsletters and staff supervision.

- The provider had a continual improvement plan to make sure people using the service could be sure of on-going improvements. Improvements planned for the coming year included; electronic medication recording, developing the roles of 'champions' within the staff group, providing additional social support to people and increasing their live-in care service.
- People told us the agency was passionate about improving people's care and well-being. One person said, "They are always looking for ways to improve. I tell them there's nothing to improve but still they ask."

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

- The provider was committed to providing a service where people were at the centre of everything they did. This ethos was put into practice by a committed and passionate staff group. One member of staff said, "The company really do care about everyone. The clients' needs always come first."
- There was good communication between staff at all levels of the organisation which helped to make sure people received the correct care to meet their needs. All staff commented they could share information or ask for advice at any time. There was a fortnightly management meeting where all aspects of the service were discussed and monitored. This helped to make sure all managers had the information they required. One person said, "I can call any one of them. They all know me and my care plan."
- Staff felt well supported which created a happy workforce. People we spoke with said staff were always cheerful and happy when they visited them. One relative said, "They are never miserable. Night or day, always a bright smile and positive attitude." Another person commented, "They are so happy in their jobs. I love them. I wouldn't be without them now."
- People could be confident they would be supported by competent staff who they knew and trusted. The provider placed a high emphasis on retaining staff to make sure people received consistent care from familiar staff. They supported staff well and offered praise and thanks to individuals and some rewards for good practice. This helped to retain staff and promote high standards. Staff we spoke with had all worked at the agency for a number of years.

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

- The provider worked in partnership with others to make sure people received the correct care and treatment to meet their needs. Following the last inspection, the provider had strengthened their links with the local pharmacy to ensure medicines practice was improved for people.
- In some instances, the staff worked in partnership with other providers or professionals to meet people's needs. This included working with informal carers and community nurses.
- People were involved in reviews of their care and their views were sought on an on-going basis. People and their family members were invited to social events and the provider told us they were looking at expanding this.
- The agency had good community links and held fundraising events to support local and national charities.