

Freedom Centre Ltd

Liberty House

Inspection report

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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 caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Liberty House is a residential home providing personal care to seven people, some with mental health needs and others with a learning disability. There were six people living in the home at the time of the inspection. The care home supports people in an adapted residential property.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These when applied consistently ensure that people who use the service can live as full a life as possible and achieve the best possible life outcomes for themselves that include control, choice and independence. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Environmental risks had not been fully assessed to ensure people were safe. Medicines were stored and administered safely, improvements were needed to ensure 'as required' medicines were administered safely. There were systems in place to monitor the quality and safety of the service being provided. However, these were not fully effective and did not fully protect people in the home.

Some people were supported to have choice and control of their lives, however staff practices were restrictive and did not support people's individual choices.

Recruitment checks had been carried out to ensure staff were suitable to work with people at the service. Staffing levels were adequate to provide individual support and good overall levels of care. Risks that people presented had been assessed prior to them moving into the home.

The staff team felt involved in the running of the home and felt supported by the registered and deputy managers. Training for staff was linked to people's support needs. Staff had supervision from the registered or deputy manager where they discussed how best to meet people's needs. Staff responded to and supported people's health and care needs.

People were provided with a varied diet which met their individual cultural needs. People were encouraged to develop self-help skills which enabled a progression toward expanding people's individual skills and ultimately independent living.

People were involved in making decisions about their care and their consent was obtained prior to staff offering care. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner. Staff promoted people's privacy and dignity.

Staff were knowledgeable about people's individual needs informed by care and support plans, some areas such as oral care needed to be added in care plans. There was a complaints process in place which was

managed effectively. Staff had considered people's end of life choices and referred to this in care plans.

People's views of the service were sought through meetings and surveys. The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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

Why we inspected

This was a planned inspection based on the previous rating. The last inspection was July 2017 when the rating was Good.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The team consisted of one inspector and an assistant inspector.

Service and service type

Liberty House is a care home. People in care homes receive accommodation and nursing or personal care as 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 registered manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection

The inspection was unannounced. The inspection site visit activity started on 18 November 2019 and ended the same day. We visited the service and see and speak with the people living there, the registered and deputy managers and staff; and to review care records and policies and procedures.

What we did before the inspection

We reviewed information and notifications of incidents we received about the service since the last inspection. 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

We spent time observing the care and support being provided throughout the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two people who lived in the home. We also spoke with the registered manager, the deputy manager and three support staff.

We looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection

We asked the registered manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of staff meetings. We spoke with more care staff by telephone. These comments and the evidence that was supplied were considered when writing this report.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

Assessing risk, safety monitoring and management

- Risks were not always picked up and managed safely because there was insufficient monitoring.
- Environmental risks were not always assessed and managed. Some risks had not been identified and therefore no action had been taken to reduce the risk to people. For example, the hot water in showers was not regulated, which meant people were at risk of being scalded. Central heating water was not circulated at an adequate temperature to fully protect people of the risk of legionella. The registered manager had started to take steps to improve these areas following the inspection.
- Some household items identified as a risk of harm to people. On the day of the inspection some of these were not stored securely. This put some people at risk of accessing objects which could cause harm.
- Where risk assessments had been carried out, these were detailed, and staff had signed to say they had read and understood them. We saw evidence of up to date safety checks for electricity and gas.
- People had individual risk assessments for activities and relationships specific to them such as swimming, holidays, going out and behaviours that challenge. Staff supported people to manage risks and assessments were reviewed regularly.
- Following our inspection staff told us people living at the service had taken part in a fire practice. This was to make people aware of the risks and to help keep people safe in the event of an emergency.

Using medicines safely

- Most medicines were administered safely, though an absence of written instructions meant staff were not fully informed of how to administer these types of medicines.
- There were limited protocols in place for people who were prescribed 'when required' medicines. This meant staff did not have complete guidance on when to give people these types of medication.
- Staff had received training in administering medicines. Any changes to practice were explained in team meetings. Staff who did not attend meetings were required to read the minutes and sign to show they were aware of new information. However, staff had not signed to say they had read information on how to administer homely remedies and record this correctly. This left the potential for some staff not to be fully informed about these medicines.
- Staff said they had been observed administering medicines. This was to ensure they were competent and adhered to the training to assess their competence.
- People told us they were happy with the way staff helped them to manage and take their medicines.
- Medicines were stored safely and at the right temperature

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because systems and processes were in place for staff to follow.
- Staff knew the types of abuse people were at risk of and the signs to look out for. Staff told us safeguarding and whistleblowing policies were available to them and if they had concerns they would discuss them with the deputy manager, speak with social services or CQC if necessary. Staff told us they thought people were safe.
- People had plans in place to protect them from abuse when out in the community and within their home. Staff and people living at the service knew what the plans were and put them in to practice. People told us they felt safe living there. One person told us, "I'm happy and I'm safe."
- People who required support to manage their finances were supported safely in line with the providers policy.

Preventing and controlling infection

- People were protected from the risk of infection. Some areas in the home were difficult to clean and unsuitable for controlling the risk of infection. However, on the day of the inspection these areas were clean.
- Staff told us they had the equipment they needed to keep the home clean and could follow the instructions printed on the bottles.
- Staff had personal protective equipment available to use.
- Staff had received infection control training and dealt with waste appropriately. When asked how they control the spread of infection one member of staff said, "You're washing your hands all the time."
- People living at the home were encouraged to take part in cleaning the home, the jobs they preferred to do were recorded in people's care plans.

Staffing and recruitment

- There were enough staff to ensure people's safety and safe recruitment practices were followed. We looked at two staff recruitment files. Staff had the appropriate employment checks in place. This included a disclosure and barring service check and two suitable references.
- Rotas showed there was always one support worker on duty and the deputy manager. People living at the service thought there were enough staff. When asked about staff numbers, one person said, "[There is] always someone here when I want them."
- Staff told us staffing levels were okay and staff sickness is usually covered by their own support staff or management. If people had something specific they wanted to do like go to a football match or attend a concert, staffing would be arranged to accommodate it.

Learning lessons when things go wrong

- Minutes from staff meetings showed lessons were learnt when things went wrong. The registered manager gave an example of where staff practice had been reviewed and changed.
- Incidents and accidents were recorded and kept in people's care plan files. Incidents showed what happened at the time of the event and what staff did to deal with the incident.
- Handover sheets were used to record changes in people and the support they needed, these provided staff with regularly updated information. A communication book was also kept and used by staff for this purpose.
- The registered manager shared information with external agencies when things went wrong, and action was taken to reduce the risk of it happening again. This included extra training for staff. The manager made enquiries with the relevant agencies when they needed advice and guidance.

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people were deprived of their liberty, as they were subject to a restriction. Some people had restrictions on their personal technology which limited the amount of time they used it for. People had agreed to hand their phones over to staff which was documented in their care plans. Staff told us it was people's choice and staff could not enforce this.
- However, we saw evidence that people had objected, and staff had recorded in the daily records they told the person there was a risk it would be 'confiscated'. We discussed this with the registered manager who agreed this was not appropriate and could make the person feel forced to comply. Changes were being made to ensure people understood and agreed why any restriction was necessary and in their best interests.
- The registered manager had made the appropriate DoLS applications for people. This reduced the risk of people being deprived of their liberty unlawfully. Social workers and family members were involved in decision making when restrictions were implemented. People had agreed to the restrictions in their care plan and staff said the local authority were contacted when they felt these needed to be reviewed.
- Staff knew who had a DoLS in place and what this meant in practice. This included supervising people while they were out to keep them safe, while giving them space to socialise with people their own age. Some people were able to leave the premises unaccompanied but asked staff to go with them if they wanted to go to the shop.
- Staff knew about the MCA and their responsibility to act in people's best interests. Staff knew people had

the right to make decisions and choices for themselves. One staff member said, "If you think it's not advisable you should show them both sides [options] so they can make a decision."

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

- People's physical, mental and social needs were assessed. Care plans provided staff with the guidance they needed to provide holistic care for people. Risk assessments and care plans included information about the person's social and physical needs. This meant people's health and safety was considered while meeting their mental and social care needs.
- People used their own technology to stay connected to those who were important to them. Some people had time restrictions on their use of technology including mobile phones which they had agreed to.
- Some people had chosen to visit the Freedom centre where they took part in activities and socialising. The Freedom centre is a day centre service open to adults with learning disabilities and was owned by the provider. It supports people to develop and maintain relationships, avoid social isolation; and provides support to follow interests and to take part in activities that are socially and culturally relevant to people.

Staff support: induction, training, skills and experience

- Staff were given a full induction and the training they needed to improve their skills.
- Staff told us when they first started, their induction included five shadowing shifts, they were also required to read care plans, policies and procedures and undergo competency assessments for medication.
- We viewed staff training records and could see training was up to date and relevant to people's roles. Staff had training in specific health conditions relevant to the people they supported and extra training was available in areas like first aid.
- Staff said their experience of working with people helped them to pick up on signs of changes to people's wellbeing and provide effective care. One staff member told us, "We know our service users, the ones who can say, they'll tell you if they've got a headache, one person holds their head in their hands if they've got pain, so then we ask them [to clarify], it is in their care plans."
- Staff told us they received supervision and felt able to speak openly.

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

- People were supported to maintain a balanced diet. Staff helped people with planning meal planning, shopping and cooking.
- Some food was not labelled with open dates and there was out of date bread in the cupboard. People were able to help themselves to food. Therefore, this put people at risk of eating out of date food.
- People had information in their care plans including their individual likes and dislikes. No-one had any specific dietary requirements, but care plans told staff to offer people advice around eating healthily. For example, one person's care plan prompted staff to remind them that sweets and chocolate were unhealthy when they showed an interest in buying them. Staff told us, "We try and give healthy food. There's a list up for shopping they can add to." Staff were open to people changing their minds about their diet and helped people to weigh themselves.
- Staff and people told us they had created a menu for the home. One person said "We are having a four week rolling menu, we've all put our own ideas in to that. If you don't want it [the food on offer] you can have something else instead. You can just go and help yourself to anything." People were included in purchasing food items, one person said they were happy to take part in the shopping by going with staff and 'ticking stuff off the list'.
- On the day of the inspection there was fresh fruit and vegetables available. We witnessed people helping staff to unpack the shopping and cook spaghetti bolognaise for the evening meal. "[Name] likes to cook, they can nearly make tea for everybody under supervision."

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

- Information about people's health was recorded and passed on to relevant people and professionals who provided care and support for the person outside the home. For example, some people attended the Freedom centre, this was a day centre also owned by the provider.
- However, some information was incorrect. One person's Freedom centre care plan stated the person had epilepsy when they did not. Other information about the person's vision and mobility aids was missing. This meant support workers at the Freedom centre did not have the correct information when they were providing support to the person. The Freedom centre is a day centre where people can attend for additional activities.
- Where necessary, people had received health services through a team of learning disability specialists. One person had an exercise regime from a physiotherapist to complete daily with staff support which was not being followed. Staff told us the person did not wish to do them. However, documents did not show that staff had tried to encourage and support the person to complete them.
- People had access to dental care, however, they had no care plan detailing how staff could help them maintain their oral hygiene. This did not promote their independence or self-help skills.
- Staff supported people to arrange and attend health appointments. People were supported to make a choice around having a flu vaccination.
- People were supported to have routine eye tests and care plans detailed when glasses should be worn and what the risks were of not wearing them.

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

- The home was adapted to meet the needs of the people who lived there.
- The home had a walk-in shower with a seat and a bath. However, the bath did not have a seat to lift people in. This meant people who were unable to climb in to the bath were unable to have one.
- We looked at two people's bedrooms, both people had been able to personalise with decoration and belongings that were important to them.
- The service design was comfortable and appropriately sized for the number of people the home catered for. The home felt warm and there were two lounges for people to relax in. There was a large dining area joined on to the kitchen where people were supported to cook and eat.
- People were able to access the outside space. One person told us, "Occasionally I go for a walk round the building, I've got to have someone with me." Staff said they were supporting someone to increase their independence by walking with them to the local shop which helped the person to feel like they were getting out and about in the community.

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 now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always well supported during challenging situations. Staff had training in behaviour that challenged. However, on occasion records showed staff had used language which could impact negatively on how people felt.
- People were supported by a staff team that reflected their culture and heritage.
- People told us staff supported them both physically with tasks and emotionally. One person said, "They're fine the staff, they help with dinners, they make the beds and Hoover. We go for a walk to the park. I see them and have a chat with them, they want to know things, they listen." Another person said, "I like it here, I love it, staff go out their way to provide care for all of us."

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

- Staff's approach to challenging situations was inconsistent and risked making situations worse. Staff's response to people on occasions did not encourage them to express their views and make decisions about their care.
- People were supported to identify new opportunities to fulfil their social needs. People living at the service felt able to ask for support to have their current needs met and tell staff if they wanted to try new things. One person told us "It's pretty much do anything that's possible we have to take into consideration other people, if I wanted to do something, they'd [staff] do it."
- People were involved in planning their care. One staff member said, "It's about talking to them and asking them what they want."

Respecting and promoting people's privacy, dignity and independence

- People living at the service confirmed that staff respected their privacy and independence. One person said, "They [staff] try to promote independence."
- People told us staff prompted them to carry out personal care tasks which motivated them to do it for themselves. One person said, "They make sure I'm getting up ok and having a shower."
- Staff told us they gave people their own time, space and privacy during personal care and if they do assist they should make sure the door is shut and people are covered with a towel to protect their dignity. One staff member told us "Our aim is to promote their independence and if they're struggling with something it's documented and we know to help them more with it."
- Confidentiality was maintained through locking personal information away and being discreet when discussing personal and private matters in the home.

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.

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

- People were supported to personalise their care by making choices and recording them in their support plans. This helped people to have their needs and preferences met.
- People did not have a positive behaviour support plan in place. However, staff knew what triggered a change in people's behaviour, what caused feelings of anxiety and how they should respond.
- People had choice and control over their routine and activities. On the day of the inspection we witnessed people getting up at a time chosen by them.
- People said they had seen their care plan, people's journey logs clearly recorded people's likes and dislikes. For example, one person's plan said they liked to have a shower at night and we saw evidence this was happening.
- Staff informed people of changes to their normal routine. One person told us, "Yes they reassure us and tell us if there's new staff or visitors." This gave people time to ask questions, prepare and plan what they wanted to do.
- Staff said one of the things they liked about working at Liberty House was that it gave people "Good structure and freedom, giving person centred care, [staff] get time to give to people who want your attention and company."

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.

- The provider had met the requirements of the AIS.
- Staff had changed some documents to alternative communication such as easy read.

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

- Staff supported people to continue their relationships with family and provided opportunities for them to form new relationships with people who have common interests
- Staff told us they supported one person to attend church on a Sunday.
- People were able to enjoy a social life, this included evening social events once a month, going to watch a football match, visiting the shop to buy a paper or helping towards the food shopping. Staff said, "We take them [people] out on outings, it's so good because you get to spend time with them."

- There were board games available to play in the home and people said staff watched films with them occasionally. Staff told us, "The games we have are what people asked for, they like to play bingo. [Name] likes to play dominoes, most nights they fetch staff and we play dominoes." Staff said everyone is invited to join in, if they decline, staff take a drink to their room and check they are okay.

Improving care quality in response to complaints or concerns

- People told us they felt able to speak to staff and thought staff would help them if they had a problem. One person said, "I'd go to [named staff] another person said when staff see them staff ask how they are."
- There was complaint information displayed in dining room with the local authority and ombudsman details attached.
- The provider had a complaints policy.
- The registered manager told us that no complaints had been received

End of life care and support

- People were given the opportunity to plan their end of life support and some people had chosen not to discuss it. We saw that staff had respected their decision and documented it in the person's care plan.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. 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

- The registered manager had some auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis. However, there were shortfalls which affected the overall safety of people and staff in the home. For example, the cleaning protocols and infection control audit, were not comprehensive. There was an absence of detailed guidance on the cleaning protocols and staff were not provided with detailed instruction how areas should be cleaned and disinfected. The infection control audit was not detailed in prompting staff what areas to look at and what to look for. There were also shortfalls in medicines protocols and people's behaviour that challenged staff.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home.

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

- People were encouraged to participate in changes and improvements to the home. People's suggestions were recorded at meetings and suggestions and improvements considered.
- Community links had also been with the Freedom centre and community groups to improve people's contact with others and engagement in activities.

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 registered manager understood information sharing requirements. Records showed information was shared with people or people's relatives as well as other agencies. For example, when the service had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law.

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

- People and where appropriate, their relatives were involved in changes and improvements to the home.
- People were provided with questionnaires to rate how well the service performed.
- The registered manager indicated the outcome from the 2019 questionnaires had started to be returned and would provide the basis for changes in the home. These included changes the day trips away from the home using the providers own transport. These were to be debated with people and staff to ensure the trips were enjoyable and achievable.

Continuous learning and improving care

- The registered manager and staff supported continual improvements by involving people and staff in discussions.
- The deputy manager told us there were regular one to one discussion between staff and people in the home. They stated that group meetings had previously resulted in people being undemocratic and the process had broken down.
- People told us there were regular discussions with staff any issues that had arisen at the home, had been acted on.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, the local authority social care and safeguarding teams, mental health and other healthcare professionals.