

# Libertatem Healthcare Group Limited

# Libertatem Healthcare Group Ltd Head Office

## Inspection report

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04 March 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:

Libertatem Healthcare Group Ltd provides personal care and support to people living in their own homes, who have experienced a personal injury, for example traumatic, acquired brain and spinal cord injuries. People's care was commissioned by legally appointed case managers. At the time of the inspection there were 32 people receiving personal care from 85 staff.

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

### People's experience of using this service:

- People received high quality care that was safe, effective, caring, responsive and well led.
- People and their relatives consistently provided positive feedback about all aspects of the care they received.
- One person told their progress in relation to a traumatic, acquired brain injury was due to the unswerving support and encouragement of their dedicated care team. One person's relative told us, "They [staff] have been absolutely marvellous and their care and support has helped [their loved one] come so far."
- People were protected from discrimination, neglect, avoidable harm, and abuse by staff.
- Staff ensured the human rights of people who lacked a voice, were upheld and respected.
- Risks to people's safety had been identified and assessed. Staff followed people's risk management plans to keep them safe.
- Staff felt valued and respected by the management team, and consistently demonstrated high levels of morale.
- Staff had developed and maintained the required skills to meet people's needs effectively, which led to good outcomes for people's care and support and promoted their quality of life.
- Where people experienced complex needs the provider arranged bespoke training tailored to the individual's needs.
- We saw people were treated with kindness and compassion by staff who supported them to express their views and be actively involved in making decisions about their care.
- People's care plans were comprehensive, providing staff with the required information about their needs and how to meet them.
- The provider had worked effectively with local organisations, health and social care professionals and multi-disciplinary teams to improve care practice and outcomes for people.

### Rating at last inspection:

This was the first inspection of Libertatem Healthcare Group Ltd since they were first registered to provide personal care in March 2017.

### Why we inspected:

This was a planned comprehensive inspection, in line with our inspection programme.

Follow up:

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

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## **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 inspection was carried out by one inspector.

Service and service type:

This service is a home care service, which provides personal care and support to children, younger adults and older people living in their own homes within the community. The service specialised in providing care to meet the needs of people who had experienced person injuries, including acquired brain and spinal cord injuries.

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:

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure arrangements could be made to meet with key staff and people who use the service.

What we did:

Before the inspection we looked at information we held about the service:

- We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We spoke with three health and social care professionals who work with the service.

During the inspection:

- Inspection site visit activity was carried out on 19 February 2019. We visited the office location on this date to see the provider and office staff; and to review care records and policies and procedures.
- We spoke with the registered manager, two directors, the office manager, two care coordinators.
- On 25 February 2019, we completed a home visit, where we spoke with a person using the service, their relatives and care staff.
- Between 4 and 11 March 2019, we spoke with five people who use the service and seven case managers, who had been legally appointed to commission people's care. In this context, case managers are health and social care professionals with expertise in the areas of support required by people, for example, spinal cord injuries.
- We spoke with 16 staff who supported people living in different parts of the United Kingdom.
- We looked at eight people's care records, eight staff recruitment and training files, the provider's policies, procedures, quality assurance systems processes and other records demonstrating how the service was managed.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe and trusted the staff who supported them.
- One person told us, "I know I am safe because my carers care for me and always listen to me."
- A relative told us, "He is safe because they only have a small care team who know him so well and are quick to realise if something's not right and take immediate action."
- People were protected from avoidable harm because the provider ensured staff knew how to recognise and report abuse.
- Records showed that when staff had raised concerns, the registered manager had made appropriate referrals to the local authority safeguarding team.
- Staff told us that whenever they had raised issues, the management team had listened to them and taken decisive action to resolve their concerns.
- The provider had worked effectively with other relevant authorities, to make sure people were protected from abuse and avoidable harm.

Staffing and recruitment:

- People told us they experienced good continuity and consistency of care from a small number of staff, who were specifically allocated to provide their care.
- The provider completed relevant pre-employment checks to make sure applicants had the appropriate skills and character to work with people made vulnerable by their circumstances. Staff had not been able to start work until all required checks had been completed.
- The registered manager told us how staff were specially selected to ensure they had the required skills to meet people's specific health and social needs.
- People with complex needs and their relatives, told us they had been fully involved in choosing their staff, which reassured them and made them feel safe. One relative told us, "We had the opportunity to meet [care staff] before they were selected and they came to do some shadow shifts so we could see if they were a good fit for us." Another relative told us, "After the first few weeks [their loved one] just didn't feel comfortable with one of the carers so they were removed from the team."
- Assessments analysed the ratio of staff and skills they required to support each person, which ensured staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- Each person had their own rotas which scheduled the duties of their individual care team. Rotas demonstrated that sufficient suitable staff were consistently deployed to meet people's needs and to keep them safe.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and plans provided staff with the necessary information and clear guidance to mitigate and manage these risks safely.

- Staff could explain how they minimised risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure damage to their skin.
- Risk assessments were reviewed monthly or more frequently if required, by the person, their relatives where appropriate, their case manager, the provider's designated clinical lead and relevant health specialists. The provider's designated clinical lead was either the registered manager or one of the provider's specialist nurses.
- Regular review of care plans and risk assessments ensured they were up to date and accurately reflected people's changing needs.

#### Using medicines safely:

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff competency to administer medicines was assessed regularly, to ensure their practice was safe.

#### Preventing and controlling infection:

- Staff had completed relevant training in relation to infection control and food hygiene.
- We saw that staff followed the required standards of food safety and hygiene, when preparing or handling food.
- Staff had access to personal protective equipment such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.

#### Learning lessons when things go wrong:

- All accidents and incidents were recorded and reviewed daily by the clinical team.
- Where reviews identified a need for additional action or learning to prevent a reoccurrence, this was arranged immediately and implemented as soon as reasonably practicable.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care. For example, staff raised issues promptly when people's changing needs required their staffing ratio or supportive equipment to be updated.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before receiving any care from the service. The registered manager met people, relatives and their case managers to ensure the provider had suitably skilled staff available to provide effective, personalised care to meet their needs.
- One person told, "They (Registered manager/Case manager) came to see me and spent a long time getting to know me and what I needed and gave me the chance to choose my own care team."
- A relative told, "They spent time to identify the right staff for [loved one] which has set really strong foundations."
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and how they wished to be supported.
- Staff developed care plans, which were tailored to meet people's individual needs. One staff member told us, "It really is a team effort and the office [management team] take things on board really quickly if you make suggestions to improve things."
- The provider had introduced a new electronic care planning system. This provided staff and the management team, with up to date information regarding changes in people's needs and prescribed medicines.
- Records showed people were involved in regular reviews of their care and support needs.

Staff support: induction, training, skills and experience:

- Staff had been supported by the provider, to develop and maintain the required knowledge, skills and experience to support people effectively and safely.
- Staff told us their training had fully prepared them to meet people's needs.
- Where people had more complex needs, staff training was developed with the person, their case manager, supporting healthcare specialists and tailored to meet them. For example, personalised support to meet the unique needs of people living with acquired, traumatic brain injuries, spinal cord injuries, and various mental health diagnoses.
- The provider operated an effective competency framework, which ensured that staff delivered care in practice in accordance with their training.
- The registered manager and provider's nurses used the electronic daily notes to inform and deliver clinical supervisions with staff.
- All staff underwent a thorough induction programme, which included periods getting to know the person and shadowing an experienced colleague.
- The provider's training was aligned to the Care Certificate. The Care Certificate is a set of standards that social care and healthcare workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

- Staff told us they were motivated by the registered manager to learn and enhance their skill level. Staff and the management team were supported to complete nationally recognised qualifications relevant to their roles and the provision of health and social care.
- The registered manager operated a system to monitor staff training, which was up to date at the time of inspection.
- Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development.
- Staff felt well supported by their immediate team members and consistently told us the management team made them feel their contribution was valued.

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

- Staff ensured people received food and drink, according to their needs.
- Where required, people were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant dietetic professionals.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked closely with healthcare professionals to ensure people's health needs were met and they had the equipment they required to promote their safety and independence.
- Healthcare specialists, including psychologists, physiotherapists, occupational therapists and speech and language therapists, consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- The provider had developed good relationships with local health and social care professionals.
- Health and social care professionals consistently told us the provider had worked well in partnership, to assess people's needs and arrange packages of care that promoted people's well-being and independence.

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.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people subject to any restrictions on their liberty.

- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.
- Staff sought valid consent from people, using simple questions and explanations, whilst allowing them time to decide and respond. Staff supported people to make as many decisions as possible.
- Staff respected people's individuality and right to make their own decisions, and were supportive when people made choices, which conventional wisdom may consider to be unwise.

Supporting people to live healthier lives, access healthcare services and support:

- Staff worked well with other agencies, including social services, case managers, and healthcare professionals.
- Staff knew how to refer people to other healthcare services if they had concerns.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they had developed caring and meaningful relationships with their care teams.
- The provider matched suitable care staff to people with shared interests to enable them to build trusting and caring relationships.
- People told us they experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.
- One person said, "We have a great laugh, they [staff] are like my friends who help me do the things I like to do and keep my independence." A relative told us, "He is like any young man and they [staff] help him to do the things he wants to do."
- Staff consistently spoke with pride and fondness about people they supported.
- Staff provided care with good humour and empathy, engaging people in friendly, meaningful conversations, which made people valued.
- Staff had completed equality and diversity training and knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.
- The management team monitored staff practice during supervisions to ensure it was delivered in a kind and caring manner.

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

- People and their representatives consistently told us their wishes were at the centre of their care planning and were fully involved in decisions about all aspects of their care and support. One person told us, "They [care team] are always talking to me about what I want to do and support me to achieve them."
- People told us their integral role in the referral and staff selection process, had instilled confidence in the service. Their continued involvement in regular reviews with their care team and case managers had developed even more trust and respect and created a real team spirit.
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity is embedded in the service culture so people and staff felt respected, listened to, and influential in the development of their care.
- The provider's name was chosen to reflect their philosophy and aim to consistently promote people's independence, live an enriched life and achieve their full potential (Libertatem - Latin meaning Independence).
- People received care and support from a regular staff team which helped to promote people's confidence and independence.

- People, relatives, and health and social care professionals told us staff supported people to be as independent as possible. One person told us, "They are always pushing me to achieve things which spurs me on."
- Staff supported people to develop and maintain their independent living and social skills.
- Staff treated people with dignity and respect, and maintained their privacy.
- Care plans contained detailed information to enable staff to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff consistently consulted people and sought their agreement before delivering any care, which we observed in practice.
- Staff described how they maintained people's privacy, for example; Delivering people's personal care in the way they chose.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning. For example; one person demonstrated how they were constantly updating their own support plan.
- Care plans provided detailed information and clear guidance about how to meet people's health, medical and care needs.
- Care was planned around people's whole life, including their personal goals, skills, abilities, preferred routines and how they chose to manage their health needs.
- Staff had comprehensive knowledge about people's individual needs and their personal preferences, which was reflected in the delivery of their care and support.
- One relative told us staff were, "They [staff] are amazing. They get on so well with [loved one] and are always planning things and bouncing ideas off one another."
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- Staff were flexible to accommodate people's wishes.
- The provider had introduced a new electronic records system, which was monitored daily by the care provider's clinical team and care coordinators managers. This assured that the service was responsive to changes in people's needs.
- Detailed daily progress notes accurately recorded the support people had received.
- Staff had been trained and understood how to monitor and support people with complex and unique needs, to reduce any identified risks. For example, some people living with a spinal cord injury, experienced associated Autonomic Dysreflexia, a syndrome in which there is a sudden onset of potentially life threatening, excessively high blood pressure.
- Staff used nationally recognised tools to monitor identified risks to people, for example, in relation to pressure area management.
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- People were enabled to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them others.
- People were empowered to make choices and have as much control and independence as possible.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities, which increased their sense of independence.
- Relatives consistently told us how support from staff, under guidance from dedicated physiotherapists and occupational therapists, had significantly improved their loved one's strength, coordination and mobility.

These improvements had led to an enrichment in the quality of their lives, by allowing them to resume favourite hobbies and experience stimulating new activities.

- Staff supported people to maintain relationships that matter to them, such as family, community and other social links. One person proudly told us how they were going out for a "curry and a beer" with a friend that evening, and explained the risk assessment and support they had received to ensure their safety.
- Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness.

Improving care quality in response to complaints or concerns:

- People were confident to share their worries and concerns with staff, who supported them.
- One person humorously said, "If I'm not happy about anything we talk about it, then we decide to do what I say." Another person said, "The best thing about them [Libertatem] is that they listen to you and do something about it."
- People were aware of the provider's complaints process and knew how to use it.
- Records demonstrated that the registered manager thoroughly investigated all complaints in accordance with the provider's policy and procedure.
- The registered manager used complaints and concerns to drive improvements in the service.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care.
- People and relatives were given the opportunity to discuss advance decisions and their end of life wishes.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager effectively operated systems and processes to promote person-centred care.
- People experienced high quality personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- People trusted the provider and senior staff because they responded quickly if they contacted them. They consistently described the service as well managed and very organised.
- Staff understood the importance of knowing people well and could tell us about people's needs, preferences and life histories.
- Records demonstrated the provider's person-centred approach.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, for example; when medicine errors had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a clear management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- Clinical leads worked alongside staff and carried out competency visits to observe and monitor quality and individual staff practice. This ensured people experienced a consistent level of support.
- The provider had invested in technology to improve how information was recorded and communicated. This also enabled the provider to further monitor quality and improved safety for staff.
- Health and social care professionals told us they had been impressed by the person-centred approach of the registered manager and provider.
- Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care to meet people's complex needs.

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

- The provider spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's views were listened to and acted upon.

- Outstanding work by individual staff teams highlighted by people and the management team, was recognised in the providers newsletter and rewarded with appropriate gifts, which made staff feel valued. One staff member told us, "The only reward I need is to see them [person using the service] smiling and happy, but these awards do make you feel you are really making a difference and put a spring in your step."
- Staff told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.
- Staff consistently told us that the directors were very approachable and readily available, in the absence of the registered manager.
- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were overwhelmingly positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings, with the provider's directors, which also formed part of their quality assurance process. The registered manager told us they had received support from the provider since their appointment.

#### Continuous learning and improving care:

- Staff effectively recorded accidents and incidents, which were reviewed daily by the clinical and management team.
- This ensured the provider fulfilled their responsibility and accountability to identify trends and took action to keep people and staff safe, by reducing the risk of repeated incidents.
- Accidents and incidents were discussed at team meetings to communicate required improvements to the care people received.
- The registered manager and other managers effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- The registered manager told us a standing agenda item at the monthly management meeting ensured action plans were discussed to drive improvement in the service. For example, quality assurance systems had identified an increase in medicine errors. The provider analysed these errors and implemented an electronic medicine recording system, which has significantly reduced the number of medicine errors.

#### Working in partnership with others:

- Health and social care professionals consistently told us the provider and registered manager actively engaged in effective partnership working with multi-disciplinary teams.
- This ensured people were integrated into their local community and had their health and social care needs met.
- One commissioner of care told us they were highly impressed with the tenacity and determination of the provider's staff to continue to support an individual, when other providers had terminated their service.
- Staff worked in partnership with people and relatives.