

## ProLibertas Care Solutions Limited

# ProLibertas Care Solutions

### Inspection report

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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

ProLibertas Care Solutions is a registered domiciliary care agency and supported living service; providing personal care to adults in their own homes and supported living settings. The services provides care to younger adults and older people who are living with physical disabilities, sensory impairments, dementia, learning disabilities and autistic spectrum disorders and people who require mental health support. At the time of the inspection one person was receiving support in a supported living setting, and one person was receiving domiciliary care.

The Care Quality Commission (CQC) only inspects services 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

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

**Right Support:** The model of care and setting helped to support and maximise people's choice, control and independence.

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.

**Right Care:** The provider ensured person-centred care was being provided which helped to promote people's dignity, privacy and human rights.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Safe recruitment measures and arrangements were in place. Pre-employment recruitment checks were carried out, all applicants were suitably vetted and inducted into their roles. Staffing levels were monitored and effectively managed ensuring people received the required level of support they needed.

At the time of the inspection only one person was receiving medicine support. The appropriate medication administration training had been provided, there was an up to date medication administration policy, and routine audits were completed as a measure of overseeing compliance and performance.

People's support needs and areas of risk were appropriately assessed. We noted that some information needed to be added and/or removed from records for consistency purposes. Feedback was immediately responded to.

The provider ensured that Infection prevention and control (IPC) arrangements and procedures were complied with. Staff were engaged in twice weekly COVID-19 testing regimes, PPE was provided and COVID-19 and IPC training was provided.

People were protected from harm and abuse. There was an up to date safeguarding policy, safeguarding training was provided and staff knew how to escalate any concerns.

Effective quality assurance and governance measures were in place. The quality and safety of care was assessed, monitored and improvements were identified as and when needed. Staff and management understood their roles and responsibilities and ensured high-quality, compassionate care was being delivered.

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

#### Rating at last inspection and update

This service was registered with The Care Quality Commission on 05 May 2018, this was the first inspection of this registered service.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# ProLibertas Care Solutions

## 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.

#### Service and service type

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

This service is also registered to provide care and support to people living in 'supported living' settings; so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. One person was receiving this level of support at the time of the inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 25 August 2022. We visited the office location on 23 August 2022.

#### What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

#### During the inspection

We spoke with the registered manager, four members of staff and one external healthcare professional.

We reviewed a range of records. This included two people's care records, three staff personnel files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

This was the first inspection for this registered service. This key question has been good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments, safety monitoring and management arrangements were in place.
- People's areas of risk were assessed and support measures were implemented. Some records needed to be up updated for consistency purposes. Feedback was immediately responded to.
- Risks were regularly reviewed and staff were familiar with the level of support that needed to be provided.

### Staffing and recruitment

- Safe staffing arrangements and recruitment measures were in place.
- Staffing levels were monitored and rota's were effectively organised. Staff told us that they felt there was enough staff to provide the level of care that people needed. One person told us, "Staffing is managed well, we work together as a team."
- Safe recruitment practices were complied with. Pre-employment checks were conducted; references were sought, Disclosure and Barring Service (DBS) checks were carried out and candidates were effectively interviewed and inducted into their roles.

### Using medicines safely

- Safe medicine administration procedures and arrangements were in place.
- Medication training was up to date, competency checks were completed and there was an up to date medication administration policy that staff could consult.
- Routine medication audits were carried out as a measure of monitoring compliance and staff performance.

### Preventing and controlling infection

- Effective IPC measures and arrangements were in place.
- Suitable PPE was provided, there was up to date IPC policy in place which contained relevant COVID-19 information and all staff had completed IPC training.
- The provider ensured that care staff were engaged in twice weekly COVID-19 testing regimes as required.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding systems and incident reporting procedures had been embedded and lessons were learnt when things went wrong.
- 100% of staff had completed safeguarding training and there was an up to date safeguarding and whistleblowing policy in place.
- Incident reporting procedures were in place; Incidents were investigated accordingly, outcomes were

established and lessons were learnt.



# 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.

This was the first inspection for this registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

- The registered manager was familiar with the principles of the MCA (2005) and legislation and guidance which needed to be followed.
- One care record we reviewed required additional information in relation to the consent to care and treatment being provided. This was being followed up on by the registered manager.
- All staff were supported with MCA and DOLS training.

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

- Needs and choices were assessed and the provision of care was delivered in line with standards, guidance and the law.
- The delivery of care was centred around the needs, preferences and routines of people receiving care.
- Care records we reviewed indicated that a tailored level of care was provided and staff were familiar with the people they were supporting. For example, one care record stated, '[Person] can express [their] wishes, and makes appropriate choices' and '[Person] likes music on when [they] are in the bath.'

Staff support: induction, training, skills and experience

- Staff received the relevant support, were appropriately inducted and completed the necessary training to enhance their skills and experience.
- One member of staff told us, "I feel really supported, [management team] are brilliant."
- An up to date training matrix confirmed that all care staff had completed all training that was relevant to their role. Supervisions and appraisals were also routinely completed.

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

- Nutrition and hydration support needs were assessed and the required level of support was provided.
- Care records contained relevant information about any dietary support people needed. One care record indicated that the person was able to choose their own drinks and snacks and wanted support to eat healthier meals.
- The relevant healthcare professionals were involved in any specialist care that was provided; staff followed the guidance and support that was advised.

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

- Consistent, timely and effective care was provided to people receiving support; the provider was working in partnership with other healthcare services as a measure of providing holistic level of care.
- Care records indicated the level of support and guidance that staff needed to follow as a measure of providing an effective level of care.

# 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.

This was the first inspection for this registered service. This key question has been rated good. 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

- People were well treated and received the necessary support. Equality and diversity needs were also assessed and respected.
- Staff were familiar with the support that needed to be provided. Where possible, a dedicated team of staff were providing a consistent level of care to people receiving packages of care.
- Care records confirmed people were receiving tailored support that was individual to them.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting and promoting people's privacy, dignity and independence.
- Staff confirmed, "Person-centred care is being delivered", "[People] are supported with making choices and making decisions."
- People's confidential and sensitive information was protected; there was an up to date General Data Protection Regulation policy in place.

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

- The provider had different measures in place to seek feedback and respond to any suggestions made. For instance, monitoring calls and reviews were routinely scheduled and surveys were circulated.

# Is the service responsive?

## Our findings

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

This was the first inspection for this registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### 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 support needs were assessed from the outset and AIS was complied with.
- A communication support plan highlighted what the person could do independently, what the person wanted to achieve and what support could be provided by staff.
- Visual aids and prompts had been implemented as a measure of providing the support that was needed.
- Care records contained detailed information in relation to the advice and guidance that needed to be followed. For example, 'Use visuals and visual timetable, one instruction at a time and give time to process the information.'

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

- Personalised care was provided; people's needs and preferences were established and supported.
- All care records contained detailed information about the person's level of independence, the level of support they needed and goals and outcomes they wanted to achieve.
- Staff confirmed that they were provided with the most up to date and consistent level of information. This enabled them to provide high-quality personalised care.

### 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

- Social isolation was managed, positive relationships were maintained and hobbies and interests were supported.
- People's daily routines were understood and enjoyments and interests were supported.
- Care records enabled staff to provide care and support that was relevant to the person. For example, staff knew that one person receiving support enjoyed listening to music, using their tablet / laptop and taking photographs.

### Improving care quality in response to complaints or concerns

- The provider had an up to date complaints, compliments and suggestions policy and procedure in place.
- All complaints were recorded, investigated, reviewed by the management team and lessons were learnt as

a measure of improving and driving the service forward.

#### End of life care and support

- End of life care was not being provided at the time of the inspection. However, the provider had measures and arrangements in place to provide this level of care as and when needed.
- End of life training had been completed by all members of staff.

# 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.

This was the first inspection for this service registered service. This key question has been rated 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; Continuous learning and improving care

- Roles and regulatory responsibilities were clearly understood and complied with. Quality assurance and risk management measures had been established and the quality and safety of care was monitored.
- People's support needs and risk were effectively assessed and managed. Staff performance and competency was regularly monitored.
- A variety of audit tools helped to monitor and drive improvement. For example, a live service improvement was in place; this helped to identify areas of development.
- Incident reporting procedures and complaint processes were in place. Lessons were learnt and improvement measures were implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- A positive, person-centred culture had been created. Good quality care helped to achieve positive outcomes.
- Staff expressed that there was an inclusive culture. Staff members told us, "[Manager] is brilliant", "It's excellent, love working here" and "I feel valued and listened to."
- Where possible, people were involved in the provision of care being delivered. The tailored level of care was inclusive and empowering, ensuring an enhanced quality of life was being supported.
- There was effective partnership work between the provider and other external services and agencies; this helped to promote overall health and well-being of people receiving support.

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

- The provider endeavoured to capture feedback about the quality and safety of care being provided from others to help improve the provision of care.
- Quality surveys were circulated. However, responses were not always received. This was an area of improvement the registered manager was prioritising.
- Staff members received regular supervision, appraisals, attended team meetings and were regularly communicated with. Staff members told us, "Management have been absolutely amazing" and "There's good leadership and management."
- Staff had the opportunity to raise any issues, make suggestions and provide feedback. Staff expressed that

they felt listened to and valued.

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 provider understood the importance of complying with duty of candour responsibilities.
- The registered manager understood that they needed to inform both CQC and local authority if any incidents occurred that met the threshold.