

Liberty Centre Limited

Liberty Centre

Inspection report

13 Claridge Road
Dagenham RM8 1TT
Tel: 020 8599 8626
Website: www.libertycentre.co.uk

Date of inspection visit: 15 September 2015
Date of publication: 30/10/2015

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 and 17 September 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available.

At the last inspection in January 2014 we found breaches of legal requirements. This was because support plans and risk assessments did not meet people's needs, medicines were not managed safely, the service was not complying with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, the service was not notifying CQC of significant incidents as required by law and the service was not following safe recruitment

processes. In addition, there were not effective systems in place to monitor the quality of service, and staff did not have adequate or up to date training required to support people. At this inspection we found improvements had been made and the service now met the required standards.

Liberty Centre Limited is a domiciliary care agency and supported living provider registered to provide personal care to people living in their own homes. The service currently provides care and support to five people. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from avoidable harm and abuse and were supported by staff that had been recruited safely. There were support and risk management plans in place and where risks had been identified there were plans in place to minimise the risks. Plans were sometimes difficult to follow and needed to be simplified.

There were sufficient numbers of staff available to support people with their needs. Safe recruitment practices had been followed. There were systems in place to ensure that people received their medicines as prescribed from trained staff although the medicines policy needed to be amended to ensure it covered all aspects of the service.

People were supported by staff that had the knowledge and skills to carry out their roles and responsibilities.

People's consent to their care was sought in line with current guidance. Staff supported people with eating and drinking and to have their healthcare needs met as required.

Positive relationships had been developed between people, their relatives and staff. Staff ensured that people were offered choices and promoted their privacy and dignity.

People received care that was appropriate to meet their needs. Information on how to raise complaints was made available but not in a format that was accessible to people who used the service.

There was a culture at the service which demonstrated openness and a commitment to the independence of people who used the service. There were quality assurance systems in place to obtain feedback and monitor performance.

Summary of findings

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 safe.

Safeguarding procedures were in place and staff had a good understanding of their role so people were protected from avoidable harm. People had robust risk assessments in place that effectively minimised the risks they faced.

There were sufficient staff who had been recruited in a safe way.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received the training and support they required to do their jobs well.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were offered choices and these choices were respected.

People were supported with eating and drinking and to maintain a balanced diet. People were supported to maintain good health and access healthcare services.

Good



Is the service caring?

The service was caring.

The service had developed positive and caring relationships between staff, people and their relatives. People and their relatives were involved in planning their care and felt they were listened to.

Staff respected people's privacy and upheld and promoted their dignity.

Good



Is the service responsive?

The service was not always responsive.

People had personalised support plans and received person centred support. However, support plans were not always easy to follow, it was not clear when goals were set and reviews did not always capture changes in people's needs.

The service had a complaints policy and relatives told us they knew how to make complaints.

Requires improvement



Is the service well-led?

The service was well led.

There was a positive culture of promoting independence that was well understood by staff. The registered manager was approachable. Both staff and people's relatives said it was easy to raise issues and they were responded to.

Good



Summary of findings

<p>The service had developed and implemented effective quality assurance monitoring to check it was delivering high quality care.</p>	
---	--

Liberty Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors. Before the inspection took place we reviewed information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send to us by law. We sought feedback from two local authorities.

During our inspection we spoke with two support workers, a team leader, the quality assurance manager, the registered manager and nominated individual. We looked at three care files, various policies and procedures including safeguarding, whistleblowing, medicines, finances, staff recruitment and supervision. We looked at the staff files of six members of staff including recruitment records and supervision. We spoke to three relatives and three people who used the service. We viewed the information we already held about the service including the previous inspection report and action plan submitted by the service and the notifications we had received.

Is the service safe?

Our findings

At our last inspection of this service in January 2014 we found that incidents were not appropriately investigated or recorded, the service did not follow safe recruitment practices, and medicines were not managed safely. During this inspection we found these issues had been addressed.

Relatives told us they thought the service kept their family member safe. One relative said, “If anything happens to [relative] they tell us.” Another relative said, “I am in no doubt that the service provided for [my relative] is safe in every respect.”

Staff were aware of their responsibilities for reporting allegations of abuse to their manager. They understood issues relating to whistleblowing and which agencies they could contact if they believe it to be appropriate or if senior staff did not deal with issues raised by them. The service had safeguarding adults and whistleblowing procedures in place. These made clear the service’s responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission. The procedure included contact details of relevant local authorities. The registered manager was aware of their responsibilities with regard to safeguarding. They told us there had not been any safeguarding allegations since our last inspection. The systems in place and knowledge shown by staff mean that people are protected from avoidable harm and abuse.

At this inspection we saw that recruitment processes had been improved and now ensured safe recruitment of staff. The service had a robust policy which stipulated that new staff must provide a full work history and two references and criminal records checks were carried out to check that staff were suitable to work with vulnerable people. Records showed new staff had fully completed these procedures and where there had been insufficient checks on previously employed staff these had now been completed.

The registered manager told us that staffing levels were determined through an initial assessment of need and negotiated with the funding local authority. Records showed that this was the case and that where the service was concerned that the level of risk to an individual had increased they had increased the staffing levels to ensure the person’s safety. Staff told us the increase in staffing levels had made a real difference to the service and they were now able to support people to access the community

safety. Relatives told us they knew and trusted the staff that worked with their families. This means that the service was ensuring there were sufficient numbers of suitable staff to keep people safe and meet their needs.

People had medicines risk assessments and where the service was responsible for administering medicines records and audits were well kept and in order. People had individual medicine administration record folders with their photograph as identification, a list of their medicines and side effects, and details of how they should be supported to take them. Records showed that people were supported to take their medicines as prescribed. Records showed that staff had received training in administering medicines and were able to describe how they supported people with medicines and what actions they would take if they discovered a medicines error. Where responsibility for administering medicines was shared with family members the recording systems were not always robust. The recording of medicines was contained within daily logs and audits of medicines were not carried out. Staff and the person’s relative told us they usually administer medicines jointly but there are occasions when staff administer medicines without a relative present. Therefore, systems are needed to ensure that they are administered correctly. The service had a medicines policy however, it related to the day service that the provider also runs rather than the domiciliary care service or supported living services. This was brought to the attention of the registered manager who has now sent us an amended policy. The amended policy is robust and details administration, recording, ordering and audit processes for medicines.

Risk assessments were in place which set out how staff were to support people in a safe way that minimised the risks they faced. The risk assessment for one person stated the person sometimes exhibited behaviours that challenged the service. Guidelines were in place which had been developed with input from the person’s relative about how to support them with this behaviour. Staff that worked with the person were aware of the signs that might indicate they were becoming agitated and knew how to work with them when this happened. They said this included speaking with the person in a calm tone, seeking to divert them with activities they liked and recognising when the person wanted time and space to be alone. Other risk assessments covered people’s health, mobility, eating and drinking and activities of daily living.

Is the service safe?

Staff told us and records confirmed they had received training on the safe use of restraint. The registered manager told us that this was provided as a precaution in case it was needed but restraint was only ever to be used as a last resort. Staff we spoke with said they had not had to use restraint and the registered manager told us there had been no instances where restraint was used since our previous inspection.

The service had a policy regarding how it supported people with their finances. The policy stated that people would have their capacity assessed and a plan for how to support

them to spend their money. We saw this was in place for two people where they were supported to spend their money. The policy stated that income and expenditure would be recorded by two staff and checked against receipts and records confirmed this was happening. This ensured there were measures in place to support people with their finances safely. However, the policy also stated that receipts and records would be forwarded to the finance manager once a month for a further audit and this was not taking place. The finance manager told us that they were aiming to do this.

Is the service effective?

Our findings

At our last inspection of this service in January 2014 we staff were not appropriately trained or supervised and the service was not meeting the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS). During this inspection we found these issues had been addressed.

Staff told us and records confirmed there was a comprehensive training programme which included autism specific approaches to support, health and safety, infection control, fire safety, manual handling, first aid, epilepsy, equality and diversity, record keeping and lone working. Staff told us they found this training useful. In addition, staff working with people with dementia received specific training in this area. The registered manager told us that new staff would complete the Care Certificate which has replaced the common induction standard as the essential training that all care staff must receive. Staff told us they had not requested additional training themselves, but were confident it would be provided if they asked. They were aware that colleagues had requested additional training and this had been supported. Records confirmed that staff had requested additional training and this had been provided.

We looked at staff files and saw that all staff had been provided with clear job descriptions which made their roles and responsibilities clear. We saw that staff received regular supervision in line with the supervision policy and this was used to discuss any issues or concerns about the people they supported, individual performance, and development and training. Staff told us they found supervisions useful.

MCA is a law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. During this inspection the registered manager and staff demonstrated that they had an understanding of the MCA and appropriate applications had been made for the local authority to apply to the Court of Protection. Training records confirmed that staff had received training in the MCA and DoLS. We saw that the service had conducted mental capacity assessments and a DoLS checklist for people and had followed Best Interests processes where necessary. Staff were not always clear what role relatives played in the Best Interests process. This was brought to the attention of the registered manager who told us they would use team

meetings and supervisions to clarify that relatives are involved as part of the process not to consent on the person's behalf. The manager has sent us an amended mental capacity risk assessment which makes this clear. People were unable to consent to their care plans but there was clear evidence that their families and other relevant professionals were involved in their development.

Relatives were satisfied with the support provided by the service and told us the staff had the skills they needed to work well. One relative told us, "I cannot speak highly enough of the efforts made by the Liberty Centre's senior managers to match carers to [my relative]. The ongoing programme of training, supervision and support for staff is excellent." Another relative described how they felt the recruitment process ensured staff had the right skills from the start.

People were supported with eating and drinking and were able to choose what they ate. Care plans included detailed information about people's food preferences and staff had a good understanding of this. Staff told us when they supported people to go food shopping people were able to make choices about what they bought. The service used a pictorial menu to show people the different options they could choose.

The service had taken steps to ensure people's nutritional needs were met. People's weight was checked each month to help identify if there were issues with malnutrition. Risk assessments and guidelines were in place about how to support people to eat in a safe manner. Staff had a good understanding of these and were able to describe how they supported one person to eat by making sure their food was cut into small pieces and served at a luke warm temperature as they preferred. People's allergies were listed in care plans. However, one person's care plan indicated they were allergic to dairy products but the care plan also said they were to be given a 'milky drink' at bedtime. The registered manager told us this referred to a non-dairy product but the care plan did not specify this. This put the person at risk if care staff were not aware of the specifics of the drink provided. The registered manager told us they would amend the plan accordingly.

A relative told us how the service supported their relative with their health issues. They said, "Without them, I wouldn't like to think how it would be, it really works." We saw that people had support plans and risk assessments relating to their health needs and those health

Is the service effective?

appointments were recorded. Staff told us how they supported people with health appointments and encouraged people to live healthy lifestyles. For example, staff told us how they supported someone to prepare for and recover from an operation. Although appointments were recorded, updates from these appointments were not always included in the monthly reviews of people's care plans and this created a potential risk that the most up to date health information was not used. Staff knew the

people they supported well and were able to tell if they were unwell or in pain. For example, we saw one member of staff interpret vocalisations and gestures made to check whether the person was in pain. However, information about how people communicated their pain was not included in health related support plans. This was brought to the attention of the registered manager who has updated the support plans so they now contain this level of detail.

Is the service caring?

Our findings

One relative said the staff were “Really caring, they really put their whole hearts into it.” Another said, “The carers show real love, empathy, patience and compassion in all their interactions with [relative]. I feel that they show great compassion for me also and I feel supported by them and that I can rely on them.” Staff we spoke with knew the people they supported well and described how they used specialist communication tools to develop relationships with the people they supported.

Staff told us and records confirmed that people’s families were involved in assessments and writing support plans. One relative told us, “Both [relative] and myself were involved in talking about what we were looking for from carers. [My relative’s] contribution was limited but senior managers did demonstrate an inclusive approach to her as a client.” Following our last inspection the service had completed new assessments and updated support plans for all people receiving a service. The updated plans showed how people communicated and gave indications of people’s preferences and life stories. In some cases there was limited detail, for example, one person’s “life story” section was marked “not applicable” for all questions. However, another person’s contained good detail describing their mother as their most significant relationship and the things that made them laugh as

“being around lots of people.” The staff we spoke with had worked with the people they supported for a long time and knew them well, but remained open to the fact that people would have changing needs.

Staff used specialist communication support, visual choice boards and picture exchange communication systems to enable people to make choices about their day. Staff told us how people made choices about their support and activities. One member of staff told us how one person expressed choices, “[X] nods and responds if they like it. They’ll smile and respond. If [X] doesn’t like it they let you know, refuses and sits on the floor.” Staff explained how they have adapted how they offer one person choices as their eyesight has deteriorated. They have enlarged the pictures they use.

A relative told us, “[my relative] is never treated other than with the utmost dignity and respect and I feel they recognise the person she was in the person she is now.” The registered manager told us and records confirmed that staff received training and support regarding how to treat people with dignity and respect. We saw staff respecting people’s dignity when prompting them for personal care.

Staff told us and records confirmed that where people and their relatives had expressed specific cultural or religious needs these were supported. For example, one person was supported to follow a religious diet and another was supported to attend religious services.

Is the service responsive?

Our findings

At our last inspection we found that care plans were not comprehensive and were not updated in response to incidents and changes in people's needs and incident and accident reporting procedures were not effective. At this inspection the service has made progress in these issues.

Relatives told us they had been involved in planning their relatives' care and this was clear from the records viewed. Staff knew the contents of people's plans and explained how they could update and amend them by telling their manager. The assessments and plans we viewed were thorough and contained detail about people's preferences and how they liked to be supported. The service has developed a comprehensive template for support plans. However, where sections were not applicable they had been retained in the plan. This means that staff had to pick out the relevant information from large documents increasing the risk that important information is missed. In addition, the plans had multiple sections which referred to the same aspects of support. For example, one person had a behaviour risk assessment, violence and aggression risk assessment and a self-harm and neglect risk assessment that all referred to a positive behaviour support plan. This would be simpler and easier to use if it was condensed into one risk assessment and plan. The registered manager told us they would simplify the plans.

At this inspection we saw completed reports of accidents and incidents. These were reviewed by senior staff and we saw action plans in place to respond to any incidents and to help reduce the risk of re-occurrence. Actions included the reviewing of people's risk assessments and referrals made to health and social care professionals to provide additional support to people. We saw that the service was providing care that was responsive to people's needs.

We saw that people's support plans were reviewed monthly, however the initial assessment and goals of support were undated, so while reviews had been documented it was not clear when the goals should have been achieved by. Each person had a goals sheet with goals for the next one, three and six months. One person's goal was to go on holiday and we could not see any evidence that this had been achieved. The monthly reviews did not always include all the relevant information from that month. For example, one person had seen health professionals and been prescribed short term medicine to

alleviate symptoms during June but this had not been recorded in the summary or used to update the support plan. This means the reviews conducted did not always identify when changes were needed to documentation. However, staff had a very good understanding of people's changing needs and how to support them. Both members of staff we spoke to about this person's health knew exactly what had happened, what the treatment course had been and what prevention measures are in place.

Relatives told us they had been involved in recruiting staff to work with their relative and that this ensured personalised care. Staff were able to describe individual preferences of the people they worked with in detail, including how they expressed themselves through behaviour. For example, one member of staff was able to explain that the different ways one person manipulated their facial hair and the meaning behind this.

We saw that people had a varied programme of activities in their support plans and records confirmed that these activities took place. For example, people went to a day centre, swimming and horse riding. People were also involved in activities of daily living, including shopping and cleaning. One member of staff explained how they had changed how they did the shopping to make it more interesting for the person. Household supplies are now bought in bulk online so that trips to the supermarket focus on what the person really wants to buy.

Staff we spoke with gave good examples of how they supported people to make choices through the use of pictures and objects of reference. Care plans had an emphasis on choice, for example, one stated "X can communicate her dressing needs and should be given opportunity to choose types of clothes she would like to wear." Another stated, "He can go into the wardrobe and pick out the clothes he wants." Staff demonstrated a good understanding of how people who did not use speech to communicate expressed their choices. Two people with autism often refused to try new activities and staff explained how they incorporate new things into activities they know are liked to expand people's options. Staff said, "X really likes going out on the train, he'll try new things if we go by train. If he doesn't like it he makes it very clear."

The provider had a complaints procedure in place. This included timescales for responding to complaints received. However, though the procedure made clear that people had a right to complain to an outside agency if they were

Is the service responsive?

not satisfied with the response from the service, it did not include up to date details of which agencies people could complain to. Staff had a good understanding of how to respond to complaints received and relatives told us they knew how to make complaints.

The registered manager told us each person was provided with a copy of the Service User Guide which included information about how to make a complaint. However, this

was not in a format that was accessible to people that used the service. The registered manager told us they would address the concerns we had with the complaints procedure and they have since sent us an accessible version of the policy including the relevant and up to date details of who people can complain to. The registered manager told us they had not received any complaints since the previous inspection.

Is the service well-led?

Our findings

At our last inspection we found the service was not well led. There were no systems in place to monitor the quality and safety of the service and relatives did not feel communication with senior management was effective. At this inspection we found the service has addressed these issues and was now operating with effective leadership.

A relative told us, “I am immensely impressed with the Liberty Centre’s management team. I believe this is an organisation committed to delivery of a service that delivers quality of life for its clients.” We saw that people were relaxed around senior managers and staff told us they found all the senior managers very approachable. One member of staff told us, “[Registered Manager] is really open, we can go to her with any issues.” Another staff member said, “She’s a good leader, I can always phone and ask her anything. She’s always around and can always talk to her.”

The registered manager told us they used staff meetings and supervisions to discuss the values of the organisation, which were to promote the independence and abilities of the people they support. Staff confirmed they had a good understanding of these values and that they were discussed regularly in staff meetings. All the staff we spoke with confirmed staff meetings happened regularly and they were used to talk about any issues with the people they were supporting and to develop the team. The registered manager told us these had been introduced after feedback from the staff survey where staff said that there was a lack of communication from senior management. Records viewed confirmed that staff meetings included discussions on good practice issues, for example, in relation to infection control, care values, the role of the keyworker, positive behaviour strategies and safeguarding. Staff told us they found them useful and that they resulted in changes to how they supported people. For example, the registered manager had provided a driver to support one person to access the community as there had been a change in their mobility. Staff told us they were confident the manager would listen and respond to their suggestions and said there had been big changes since our last inspection in January. One member of staff said, “It’s been really positive since January, things are really on the way up.” This meant the service was promoting a positive culture that was person centred, open and inclusive.

Since our previous inspection the service had recruited and employed a quality assurance manager. The registered manager told us this was in part a response to their last inspection and part of the role was to address the issues of concern that we raised at our last inspection. The quality assurance manager conducted monthly quality assurance checks at the supported living services. These checks covered a wide range of quality measures including care file reviewing, medicines audits, risk assessment reviews, health and safety checks, the involvement of people using the service, and staffing files. Records showed an actions list was written for each visit. However, the following visit did not record progress on the actions so it was not possible to track whether or not the actions identified had been addressed. This was brought to the attention of the quality assurance manager who informed us they would amend the form. During our inspection we saw the outstanding actions had been completed.

The service had systems in place for seeking the views of people that used the service and other relevant persons. A survey of staff, people that used the service and their relatives was carried out in July 2015. Relatives we spoke with confirmed they had been invited to participate in this survey. Completed surveys contained mostly positive feedback. The service has introduced meetings for relatives. At the time of our inspection one of these meetings had been held. A senior member of staff attended the meetings so there was a communication channel between the management team and relatives.

Records showed that senior staff held management meetings. The most recent of these discussed how the service was to implement the care certificate. The care certificate is a training programme designed to provide staff that work in care settings basic information and knowledge required to perform their roles. We were told that all care staff will be expected to complete the care certificate regardless of how experienced they were. This was to provide refresher training on good care practices.

The registered manager told us their future plans included obtaining accreditation from the National Autistic Society and registering with the British Institute of Learning Disabilities. These are external bodies that provide independent verification that the support provided is suitable for people with autism spectrum conditions and learning disabilities.