

Liberty Choice Ltd

# Liberty Choice

## Inspection report

The Cavendish Centre  
Winnall Close  
Winchester  
Hampshire  
SO23 0LB

Tel: 01962865435

Website: [www.libertychoice.co.uk](http://www.libertychoice.co.uk)

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28 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:

Liberty Choice is a domiciliary care provider. At the time of this inspection 13 people received personal care support from the service. The service supported older people, some of who were living with dementia and people with physical disabilities, within their own homes.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection the service was relocating from the address shown on page one of this report to Unit 7, Scylla Estates, Winnall Valley Road, Winchester, Hants, SO23 0LD. An application to change the address of the provider had been received and was in process with the Care Quality Commission. The address where this inspection was undertaken was, Unit 7 Scylla Estates, Winnall Valley Road, Winchester, Hants, SO23 0LD.

People's experience of using this service:

- People received a service that was safe. The provider had systems and processes in place to manage medicines safely
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns.
- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People received care and support from staff who were trained sufficiently and had the right skills and knowledge. People's care and support led to good outcomes.
- People and their relatives spoke positively about the care and support they received from Liberty Choice. They described the care staff as kind and helpful.
- Care workers had developed good relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.
- People were actively involved in their care and support decisions with their relatives where appropriate.
- People's needs were reflected in care plans which contained detailed information about how they wished to receive care and support.
- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- Management processes were in place to monitor and improve the quality of the service.
- There was a positive culture within the staff team, and staff told us they enjoyed working for the service.
- The registered manager was supported to deliver high quality care by the management team and a staff team who understood the need to deliver good quality care.

Rating at last inspection:

- At the last inspection in January 2017 the service was rated Good. At this inspection the service remained

good.

Why we inspected:

- We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## 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  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led  
Details are in our well led findings below.

Good ●

# Liberty Choice

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was completed by one inspector and one expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Liberty Choice is a domiciliary care service providing personal care to people living in the Winchester area. 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 visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to talk with us.

What we did before, during and following the inspection;

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

Due to technical problems the provider was not able to complete a Provider Information Return. 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. The registered manager was able to give us a copy of the PIR on the day of our inspection and we took this into account when we inspected the service and made judgements in this report.

- We sought feedback from two health and social care professionals from the local authority who worked with the service but did not receive a response to our request.

During the inspection:

- Inspection site visit activity started on 27 March 2019. We visited the office location to speak with the registered manager and office staff.
- Telephone calls were made to people receiving care and their relatives by our expert by experience to gather feedback on the delivery of care provided by Liberty Choice. We spoke with four people receiving care and six relatives.
- We reviewed staff recruitment, training and supervision records for four staff.
- We looked at records of accidents, incidents, complaints and compliments.
- We reviewed the care records and risk assessments for four people.
- We reviewed audits, quality assurance reports and surveys.
- Spoke with the registered manager and three care staff.
- On the 28th March 2019 we telephoned and spoke with a further three members of care staff.

# Is the service safe?

## Our findings

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

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

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

- There were processes in place to minimise the risk of abuse.
- The provider's systems, processes and staff training made sure people felt safe.
- People and their relatives we spoke with said that people felt safe. One person told us, "I feel very safe. Very good carers. With me when I shower. They know that I am very nervous and know how to look after me". One person's relative told us, "No worries about [person's name] safety. Regular carers and well trained. They know her well and if any new people [care staff] come they check the care plan first".
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- Where staff raised concerns about people's safety arising from third party actions, the registered manager reported the concerns to the local authority and to the commission. One member of staff told us, "If I have any concerns I would report it immediately. I know that it would be taken seriously and I know that [name of registered manager] would take action".

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks associated with risk of falls, moving and handling and risk of a person developing a pressure sore.
- Environmental risk assessments were carried out to ensure people and staff safety when in the person's home.
- Since our last inspection the provider had introduced an electronic recording system. This allowed care plans to be viewed by the management team in 'real time'. This included the administration of medicines and a record of care provided at each visit.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us they had a number of regular care workers, who supported them and who followed their agreed care plans. One person told us, "I have a regular team of carers who visit me. They all know me well and I know them".
- People told us that staff would always let them know if they were going to be late, but they did not have missed calls. One person told us, "I have a rota each week to tell me who is coming in, usually the same carers. They are very good they will stay for their time, never leave early". One relative told us, "They [staff] never fail to arrive. They are pretty well on top of it". Another relative told us, "Yes they are mostly on time. Never not arrived. They [staff] phone us if they are going to be late but I can't recall the last time that happened.
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered absence with employed staff.

- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

#### Using medicines safely:

- Most people and relatives we spoke with told us they managed their own medicines needs and did not require any support.
- Records relating to medicines for people who did require support were accurate, complete and up to date.
- The provider had processes in place ensure that when people required support with medicines they received them safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their competency checked.

#### Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks.
- Staff received training in infection control and food hygiene.
- There were systems in place to protect people from the risk of infection.

#### Learning lessons when things go wrong:

- The registered manager reviewed all incident reports to identify lessons and improvements to people's care.
- The registered manager's incident log included details of the type of incident, the people and professionals involved and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or required changes needed.



# 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.

Good: 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 care needs were assessed and care plans were created which were individual to the person.
- Where people had more complex needs, the provider took advice from other health and social care professionals such as specialist nurses.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People were satisfied with the care they received.

Staff support: induction, training, skills and experience:

- People were satisfied that their care workers were properly trained. One relative told us, "[name of person] needs hoisting using a ceiling hoist. The staff know what they are doing and they do this and reposition [name of person] competently."
- Staff completed a thorough induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as catheter care. One member of staff told us, "I had a good thorough induction as I was new to care work and feel totally supported".
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Staff supported people with food preparation and with eating if required. One person told us, "'I leave the things out for my sandwich and the girls put them together and bring it through to me". A relative told us, "They [care staff] help prepare and cook meals, cut up the food and make sure [person's name] is ok".
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.

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

- Where appropriate care staff supported people to consult other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care notes. One person told us, "The other day I was not well and I tried to speak to the GP but couldn't so the carer rang the GP for me and got me a visit from them". Another person told us, "One day I wasn't well. The carer rang somebody at the hospital for advice and stayed with me for a couple of hours until I felt better". A relative told us, "If they come in and [name of person] is not feeling good the carers will ring and speak to us and keep us informed."

It gives us peace of mind".

- The registered manager told us they worked in partnership with district nurses, pharmacies and GP's to meet people's needs. Where advice was given from professionals this was noted in people's care files for staff to refer to.

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

- Records we reviewed contained evidence of referrals to healthcare and social care professionals where required.
- If people were not able to attend healthcare appointments themselves then the provider would support them to do this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 make decisions any made on their behalf must be in their best interests and as least restrictive as possible.

- Care plans reflected that consideration had been given to decision making and capacity. At the time of our inspection the service was not providing care or support to anyone lacking capacity to make decisions themselves. However, the provider had systems in place to ensure they would work within the principles of the MCA when required to do so.
- Records showed people consented to their care and support plans.
- Care staff sought consent each time they carried out personal care with people.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity.

## 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

Good: 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 and their relatives spoke positively about the care and support they received from Liberty Choice. They described the care staff as kind and helpful with some often helping with 'little things' that mattered. For example, one person told us, "My carers are very kind they are really lovely. They make my bed, sort out the dishwasher for me and do shopping for me. The number of times they have done that bit extra for me is so important". Another person added, "I can have a bit of banter with them [care staff]. They have a sense of humour. There isn't any carer that doesn't want to come to me. They are really lovely people". A relative told us, "The carers are chatty, puts people at their ease. Nice and cheerful. Uplifting all the time, laughing and making [name of person] feel better. Definitely improving as a result of the care they receive".
- People we spoke with consistently praised the staff who cared for them. Many saying that they stayed with Liberty Choice because of the very good care staff.
- People told us they had developed caring relationships with care staff.

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

- People were actively involved in their care and support decisions with their relatives where appropriate. One person told us, "I feel very much involved with my care. The manager comes in once a week to do care. That way she knows what's going on and she makes any changes needed to my care plan". A relative told us, "I'm involved with the care plan. Any times there are any changes in [name of person's] condition, picked up straight away and any required changes are implemented straight away".
- The provider sent out annual questionnaires to gather people's views on the service provided. We reviewed the feedback received from 14 people who had returned questionnaires and found that 85% of people considered the service as either 'good' or 'very good' to the questions asked.
- In addition to daily contact with their care staff, people could call the registered manager at any time.

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

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- One relative told us, "They treat [name of person] with the utmost dignity and respect and you can't ask for more than that". Another relative added, "Dignity and respect, definitely. Little things that make a difference, make sure his trouser legs are pulled down, nicely dressed and hair done".
- Staff we spoke with told us how they promote people's independence and respected their privacy and dignity. One staff member told us, "People's independence is so important, they feel happier when they can do things for themselves and don't give up".
- People's care plans considered what people could do themselves and had specific instructions for staff regarding what people wanted the staff to do for them.

- Staff training included equality and diversity. This gave staff a greater understanding of caring for people centred around their social or religious background.

# 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:

- The provider planned care and support in partnership with people.
- People's needs were reflected in care plans which contained detailed information about how they wished to receive care and support.
- The registered manager and staff understood the Accessible Information Standard [AIS]. The standard sets out a specific approach to identifying, recording, sharing and meeting the information and communication support needs of people who use services. At the time of our inspection nobody receiving care and support required any special interventions to meet the standard. The registered manager told us, "We will work with the person and their families to work out the most suitable and effective way of communicating with someone in a way they could fully understand if that was required".
- The provider supported people if required to access the community, such as; taking them to a garden centre, the supermarket, for a coffee or to visit loved ones who could no longer live with them. This reduced the risk of social isolation.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had been one formal complaint since our last inspection. It had been dealt with in line with the providers policy and closed.
- People told us they were aware they could complain but had not needed to. One person told us, "I have never needed to complain. Any minor issues are usually dealt with by the manager very quickly. Another person told us, "Once they sent someone that I didn't get along with. Told the manager and another person was sent".

End of life care and support:

- At the time of our inspection the service was not providing end of life care to anyone. The registered manager told us, "Generally we do not take clients on who are considered end of life, however if we are caring for someone who sadly requires this we will work with the person and their families to support them. We would also work with the person's GP and community nursing team to make sure people were comfortable, dignified and pain-free".

# 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:

- There were effective management systems in place to promote person-centred care.
- The registered manager was supported to deliver high quality care by the management team and a staff team who understood the need to deliver good quality care.
- There was a positive culture within the staff team, and staff told us they enjoyed working for the service. One member of staff told us, "We are all pretty much a family here. We all get on well and work well as a team. A good place to be".
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

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

- The provider had systems and processes in place to monitor the quality of the service. Daily meetings took place and the previous days care notes were reviewed by the registered manager and management team to highlight any issues.
- There were regular quality checks on care files, care logs, medicines records, and other records.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given.

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

- In addition to day-to-day contact with people who used the service, there was an annual customer satisfaction survey. The results of this were mostly positive.
- The registered manager had an "open door" policy and regular team meetings. The registered manager told us, I know with the move supervisions have slipped a bit but I will get back on track". Staff told us that although supervision had not been as regular they all felt supported and could speak with the registered manager at any time.

Working in partnership with others:

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to

their needs.