

Liberty Private Care Ltd

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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

Liberty Private Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection five people were receiving the regulated activity of care and support from the service. 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.

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

People and relatives spoke positively about the service they received. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with care, commitment, kindness and compassion.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices were followed and appropriate checks completed to ensure that only suitable staff were employed.

Staff received induction and on-going training and support that enabled them to carry out their roles effectively. Staff spoke positively about the training they received which they told us was well delivered and of good quality.

People had access to healthcare services and were involved in decisions about their care and wellbeing. Partnerships with other agencies and health professionals enabled effective outcomes for people.

People were encouraged and supported to eat and drink well. People told us they felt listened to and their views were respected when planning and agreeing what care and support they needed. People told us they received their care from a small, consistent team of staff who knew them and their care needs well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives knew how to raise any concerns and felt they would be addressed appropriately.

There was a system of ongoing monitoring through audits and spot checks to review the quality of the service provided.

People, staff and relatives expressed confidence in the management team and felt the service had a clear management structure and an open and supportive culture.

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

Rating at last inspection

This service was registered with us on 7 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's registration date.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Liberty Private Care Ltd

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 team consisted of one inspector.

Service and service type

Liberty Private Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the nominated individual 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 24 hours' notice of the inspection visit. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to be sure a manager would be available to facilitate this inspection.

Inspection activity started on 29 January 2020 and ended on 4 February 2020. We visited the office location on 29 and 31 January 2020.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we visited and met three people who used the service in their own homes. We also spoke with the registered manager, the care manager, two care staff and one relative of a person who received care from the service.

We reviewed a range of records including three care plans and medicines records, three staff files, staff training records and other information about the management of the service. This included quality assurance records and audits, staff rotas, staff training records, medicines records, maintenance of equipment and a selection of policies.

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 since the service was registered with us, we found this key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager and care staff had a good knowledge of safeguarding and understood how to raise concerns with the local authority.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Risks for people were individually assessed and managed. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- There was a contingency plan in place in case of events that affected the service running safely, such as premises problems or adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- Support was provided by a consistent, small team of experienced staff who knew people well and knew how they preferred their care and support to be given. One person told us, "I'm very happy. I know them all by sight, they come in everyday. Everyone is very friendly and they know how to do everything very well. They always come in when they are due."
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care.
- Rotas showed suitable times for travelling between visits was included. Staff confirmed they were able to request additional travel time if this wasn't the case.

Using medicines safely

- People received their medicines when they were needed and in ways they preferred. There were systems in place to ensure this was done safely. One relative said, "They let me know if any medicines are running short and we can sort it out between ourselves... it works very well. When they started they did a full stock check and got rid of any out of date medicines so it's all safe now."
- People had their medicines administered by staff who had completed safe management of medicines

training and had their competencies checked regularly.

- Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.

Preventing and controlling infection

- A relative told us, "[Person] is always clean and tidy... it all works well."
- People were protected from the risk of infection because staff were trained in infection control.
- Staff told us they were supplied with personal protective equipment (PPE) for use to prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. Staff were able to collect PPE from a stock held at the office.
- Staff were provided with workwear of suits and tunics. One person told us, "They are all neatly dressed in their uniforms and they look very smart."

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. The provider had started supplying a registered service to people in November 2019 and there had only been one recorded accident. The registered manager explained the process that would be implemented to ensure accidents and incidents would be regularly reviewed to check for emerging trends or themes.
- Accidents and incidents would be seen as an opportunity to reflect on practice and continually improve outcomes for people.

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 since the service was registered with us, we found this key question was rated as Good. This meant 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, and choices were assessed before the service started to provide any care or support and were then regularly reviewed. A relative said, "They have been very good with their reviews. They are arranging for an occupational therapist to visit to look at how to lift [person]. They are on top of everything."
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.

Staff support: induction, training, skills and experience

- People told us the staff knew them well and had their needs were met by staff that were experienced and had the correct levels of skills to support them effectively.
- One person told us, "I know who they all are, the same few girls come. They always come on time and they are friendly, and I can have a joke with them. At the moment they help with getting me dressed, they are all good."
- An ongoing programme of refresher and development training was in place. The provider had a policy of recruiting experienced care staff, this ensured all staff commenced their employment with a good working knowledge of providing effective care and support for people.
- There was a strong ethos of ensuring all staff had opportunities for career development. Staff completed a comprehensive induction on site and spoke very positively about the training they had received. One member of staff told us, "The induction was amazing, the best induction ever, it was so engaging and detailed. It was explained so well and our understanding was checked constantly. Training wise this company is the best so far... The training is so good and very practical."
- Staff told us they felt well supported by their management team. They told us, and records showed they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- People were supported by staff who understood their food and drink needs and preferences. People and relatives told us staff provided support where necessary. One person told us, "I look forward to their visits. They make me a nice cup of coffee, they know just how I like it." Another person said, "They help me with my meals, they get me what I want to eat, and they do me a hot meal as well."
- Care plans reflected the support the person needed to eat and drink. Staff had received training in how to support people with eating and drinking. A relative told us, "They are keeping a good eye on the levels of food and drink [person] is having. We are all doing our best to keep [person] hydrated, it's all good."

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

- The service was implementing the use of a national health care initiative to recognise early signs of ill health. Staff, relatives and people praised the providers use of the initiative in detecting and identifying early stages of illness or ill health. One relative told us, "Their review process identified an injury we had not been told about before, it's very good."
- Appropriately trained care staff completed regular observations on people such as temperature, blood pressure and pulse rate. This information enabled care staff to identify any early warning signs of ill health in people and either refer them appropriately to their GP or take preventative action to maintain their health and prevent a visit to hospital.
- The service worked collaboratively with other agencies, such as GPs, district nurses and occupational therapists, this ensured people received effective care and improved their quality of life. One relative told us, "They are working hard to encourage [person] to have their eyes, teeth and nails checked. It's a slow process with [person] but they are getting there and with the encouragement [person] is getting better health care."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.
- People were supported to access healthcare services when they needed this. People told us this was done in a timely way and records showed that instructions from healthcare professionals were carried out.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records showed staff had undertaken training in relation to the MCA.

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 since the service was registered with us, we found this key question was rated as 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 and relatives told us staff provided care and support in a kind, gentle, friendly and professional way. Each person we visited and spoke with told us they felt comfortable with the staff team and enjoyed their visits. One person told us, "They are kind and gentle. It's nice to know someone is coming in to help me. I'm very happy with them... very much."
- Staff understood and respected people's lifestyle choices. Staff treated people as equals and diversity was valued and respected.
- Staff had developed positive relationships with people and their relatives and spoke about people in ways that demonstrated they cared for them.

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

- People were involved in making decisions about their care and which staff supported them. One relative told us, "Using this service has meant [person] has some control over where they live, while still keeping them safe. We have found the service very reassuring and it allows [person] to stay in their own home which is what he wants to do."
- Everyone we spoke with felt involved in how their care and support was planned and delivered. They confirmed their opinions and choices were respected.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment, these were recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and acted to ensure their privacy was protected. Care and support was provided in a discreet, respectful and sensitive way.
- Staff completed training modules concerning dignity, respect and equality and the provider had policies relating to these topics.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- Regular spot checks on staff considered how they respected and promoted dignity, such as closing curtains when providing personal care.
- People's personal information was kept secure and staff understood the importance of maintaining

secure documents and care records to ensure people's confidentiality was maintained.

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 since the service was registered with us, we found this key question was rated as Good. This meant people's needs were met through good organisation and delivery.

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

- People told us staff provided them with the care and support they required; they told us they felt well cared for. One person said, "They get me up in the morning, I feel safe with them. The best thing is they are very good in their different ways they do things, they are all very pleasant."
- Staff spoke knowledgeably about people's personal history, what they liked to do and how they preferred to spend their day. This enabled staff to have meaningful conversations with people and discuss topics that were of interest to them which improved their sense of wellbeing and lifted their mood.
- Staff told us they found the care plans and supporting records clear and detailed which ensured they were able to provide individualised care and support to meet people's needs. Staff showed us how they used the mobile phone application which provided relevant details on each person's care plan.
- The care manager had devised a useful, informative aide memoir for staff to carry with them during their visits. This gave clear guidance for staff on key health issues such as diabetes, skin integrity and hydration and prompted staff to recognise when people were at risk of becoming unwell.
- Care plans were personalised and detailed clearly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs.

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 needs were assessed and detailed in their care plans. This set out the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.

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

- People were encouraged and supported to maintain relationships that were important to them. Staff took time to get to know people and planned activities and trips for people that they would enjoy. Staff had supported one person to have a meal out, which the person had thoroughly enjoyed.
- A relative told us they were very appreciative of all the support and help the service had provided to them and their relative.
- Staff told us about the little things they did for people to improve their wellbeing. For example, bringing fresh flowers, fruit and tasty treats for people to enjoy.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and the service had a clear complaint policy and procedure in place. One person told us, "There is a chap I would call if I had a problem. I've no complaints... not worried at all at the moment."
- The service had not received any concerns or complaints, the registered manager told us any future concerns or complaints would be discussed appropriately with staff to enable lessons to be learned.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- The provider had received accreditation in an end of life pathway. The initiative aimed to enhance end of life care through supporting staff to develop their roles around end of life care."
- Staff received training around end of life care as part of their induction. One member of staff told us, "We went to a hospice for end of life care training, I learnt a lot. I picked up so many good points I can see how it all helps. The training is so good, very practical."
- People's care and support plans included their wishes, plans and preferences for the end of their life. Where appropriate people had advance care plans completed.

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 since the service was registered with us, we found this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff gave positive feedback regarding the open, honest and supportive culture of the service. One member of staff said, "The key is all the carers have a level of confidence and experience. We feel more confident in our ability to care and support people well." Another member of staff told us, "We are listened to and everyone is very flexible with their work if needed, communication is excellent. There is constant communication and we are all always trying to improve, any suggestions are always welcome, and we are supported to develop... it's fantastic to take people out and let them enjoy their lives."
- Staff were motivated, passionate about their roles and felt well supported. They spoke positively about the observation system the provider had implemented which had a pro-active, beneficial impact on people's health and lives. One member of staff said, "The observation system is so good. It really helps people using domiciliary care, it's amazing, we can do the observations and escalate any concerns... I'm really proud of what we are doing for people."
- The registered manager and a relative told us how the observation system had highlighted health issues for two people. The health concerns had been treated quickly and effectively which meant the people were able to stay in their own homes rather than being sent in to hospital.
- People, relatives and staff expressed confidence that the service was well run. Communication systems were robust, and staff felt comfortable to raise any concerns or ideas and were confident they would be listened to and actions taken as required. One member of staff said, "The registered manager is very good at e-mails and updates on clients and reviews, so we are always kept in the loop regarding important changes."

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 duty of candour was understood by staff and managers. The registered manager promoted a culture of openness and learning. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment

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

- People and staff told us the registered manager and care manager were very approachable, professional, knowledgeable, supportive and 'hands on,' and that they would have no hesitation in raising concerns or making suggestions.

- The service had started to support and care for people during November 2019, there were a number of systems that were in the process of being implemented to ensure the continual monitoring of the quality of service to people.
- The registered manager understood the requirement to notify CQC of significant incidents and events.

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

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- People and staff felt valued and confident their views would be listened to and acted upon.
- Regular staff meetings were held to keep staff up to date with changes and development within the service. Meeting minutes were clear, detailed and made available for all. This ensured any person that had been unable to attend had sight of the discussions that had taken place.
- Staff spoke positively about teamwork. Staff had received gift bags and had been provided a fresh breakfast as a treat to thank them and show them how it feels to feel valued. A member of staff told us, "It's the little things that mean a lot...it doesn't cost a lot to give good quality personalised care and it goes such a long way to improve people's sense of wellbeing."
- Staff had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Continuous learning and improving care

- The registered manager and staff team had a strong commitment to learning and making improvements to the service people received.
- There was a process of continual improvement and quality assurance in place. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- Audits were completed on care plans, medicines, infection control, health and safety and premises checks to monitor the quality of service being provided.

Working in partnership with others

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The registered manager took part in local forums where they were given opportunities to share best practice and were looking into attending local provider events.