

# Inclusion Independence Limited

# Liberty House

## Inspection report

23 Halesowen Road  
Halesowen  
B62 9AA

Date of inspection visit:  
28 July 2021  
03 August 2021

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24 August 2021

### 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 House provides personal care and support to people living in their own homes. The service provides support to people with a learning disability and/or autistic people. The service was supporting one person at the time of the inspection in their home. Staff provided 24-hour care which included sleeping in at the person's home.

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

People were supported by staff that understood their individual needs and had been trained and understood how to protect people from abuse. People received their medicines when they needed them and had access to healthcare professionals where required. Systems were in place to reduce the risk of infection, and to review any incident and accidents to see if there were any lessons to learn from these.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The Model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The registered manager, and support staff shared person centred values in relation to how people were supported. They empowered people to make choices and have control over their daily life. The registered manager was described as approachable, supportive and open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service and drive improvement.

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

This service was registered with us on 19 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 care 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 House

## 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 undertaken by one inspector.

#### Service and service type

This service provides care and support to people living in a supported living setting, 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.

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

This inspection was announced. We gave a short period of notice of the inspection to enable consent to be obtained from people using the service so we could visit them.

Inspection activity started on 28 July and ended on 3 August 2021. We visited the service on 28 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with and observed staff interactions with the person supported by this service. We spoke with their relatives, two support staff, house manager and the registered manager who is also the provider of the service.

We reviewed a range of records. This included the persons care and medication records. We looked at three staff files in relation to recruitment, supervision and training. We also looked at records that related to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and 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 is the first inspection for this newly registered service. This key question has been rated good  
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. A person said, "Yes I am okay, and I feel safe."
- A relative told us, "Gosh yes we think [person] is safe here, we can sleep at night and have peace of mind they are being looked after. We would know if anything was wrong then we would act immediately."
- People were supported by staff that had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I would report any concerns straight away to the manager, and if needed to external agencies such as yourself (CQC)."

Assessing risk, safety monitoring and management

- A relative told us, "Staff know [person] well and about any risks associated with providing their support."
- Risks to people were assessed and covered a variety of areas including personal safety, community access, self-care and using the kitchen. Where risks were identified there was a corresponding support plan to manage this. For example, people at risk when accessing the community independently were supported by staff.
- Discussions with staff demonstrated their knowledge about the risks to people's safety. A staff member said, "Communication here is very good and we have detailed handovers, so we are aware of any changes to people's risk assessments."
- Staff had guidance to follow to manage situations where people may become anxious in a positive way which protected people's dignity and rights.

Staffing and recruitment

- There was enough staff to provide people with the individual support they needed.
- The provider had a robust recruitment process and followed safe practice. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained.

Using medicines safely

- People received their medicines as needed by staff that were trained in the administration of medicines and regularly had their competencies checked.
- Regular audits were carried out which highlighted any areas for improvement.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Systems were in place to record and learn from incidents or accidents. These were reviewed by the registered manager and action and support provided where possible to mitigate future risk

# 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 is the first inspection for this newly registered service. This key question has been rated 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 needs were assessed. A relative confirmed their involvement with this process. They told us, "We are very involved and chose this provider to support [person] as they shared our aspirations."
- People's care plans and risk assessments were tailored to individual needs and considered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, sexuality, ethnicity and disability.
- People's care plans contained clear information about their preferences. Staff were also knowledgeable about people's likes and dislikes.

Staff support: induction, training, skills and experience

- Relatives told us they felt confident in the staff and their skills to meet people's needs. A relative said, "[Person] has a consistent staff team and the skills to provide the required support. This has a positive impact on [person] as they know who will be supporting them and they have developed positive relationships with them."
- Staff confirmed to us they had received the training they needed for their role which included an induction. A staff member said, "When I started, I had the opportunity to read the care plan and risk assessment. I shadowed staff and met the person I would be supporting so we could get to know one another and their routine. I have worked in care before, so I had completed lots of training, but I completed refresher training to ensure I am up to date."
- A training programme was in place to ensure staff had the required skills and refresher training for their role, and which was specific to the needs of the people they supported. All staff had completed a health and social care qualification level 3 and above.

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

- People were supported to eat a healthy and balanced diet. A person told us, "The staff help me to cook. I eat what I like."
- A relative told us, "The staff support and encourage [person] to cook which is good and promote healthy eating."
- The provider told us in the information shared with us (PIR), how he has asked staff to ensure they always show positive role modelling. The staff promote healthy eating and sit with people so they can eat together. We observed this during the inspection and saw how this had a positive impact on people.

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

- People were supported to ensure their healthcare needs were met. A relative told us, "The staff do support [person] to attend appointments and support [person] to live a healthier life."
- People had health action plans in place. These records contained people's medical history, professionals involved in their care and details of any health appointments they had attended.
- Discussions with staff demonstrated how people's healthcare needs were monitored. People were supported throughout the Covid-19 pandemic and made aware of the risks. People have also been supported to have their vaccination. Where needed referrals have been made to various healthcare professionals to support people's needs.

#### 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.

- Observations demonstrated staff sought people's consent in all aspects of their care and support. A person told us, "I do what I want to do, I am in control." A relative said, "The staff do consult [person] at all times and [person] makes the decisions about daily life."
- Staff had a good understanding of the MCA and the impact this legislation had on their role. One staff member said, "People have the right to make their own decisions and control over their life. We promote this here, and if a person needs support to make a decision then this is done in their best interests."

# 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 is the first inspection for this newly 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 appeared relaxed and comfortable with staff. Staff were respectful and kind to people and respected their human rights. We observed positive interactions and friendly conversations between people, staff and the registered manager.
- A person told us, "Staff make me smile they are kind." The person then went on to tell us the different nicknames they called the different staff that supported them whilst smiling and laughing about this. A relative told us, "[Person] gets on well with their staff team, they respect [person] and their identity and diverse needs."
- Discussions with staff demonstrated their commitment and respect for the people they supported. One staff member said, "I love my role and working with [person] is it a pleasure being here and ensuring they live an independent life full of opportunities they enjoy."

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

- A person told us, "Staff listen to me." A relative told us, "Staff listen to and involve [person] in all decisions."
- Observations supported people were involved to make decisions about all aspects of their daily life. This was underpinned by the records we reviewed and the values of the staff team and registered manager. This promoted the involvement of people and the importance of ensuring people had a voice and were listened to.
- Where required people were supported by an advocate. The registered manager understood when advocacy services would be required and how to access these services.

Respecting and promoting people's privacy, dignity and independence

- A person told us, "Staff help me to do things." A relative told us, "Staff respect [person] personal space and they ensure they encourage [person] to do as much for themselves as possible. [Person] has embraced their new home and life."
- Observations demonstrated how staff supported people to ensure their dignity and privacy was respected and independence promoted. For example, when a person wanted to be alone staff respected this and their personal space. Staff respected they worked in someone's home and were respectful and asked before they undertook activities. Staff encouraged people to undertake household chores, cooking, and self-care promoting their independence at all times.
- A staff member told us, "My role is to ensure [person] lives as independent as possible and has maximum

control of their life. To ensure they do the things they want to do and have choices."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received person centred support which met their needs, and preferences and ensured they had choice and control of their life. A person told us, "I live my life the way I want to." A relative told us, "The support provided is person centred to [person] needs. [Person] and we are very much involved to ensure their preferences are met."
- People's support plans were individualised and contained their interests and what was important to them. It was evident from the support plan that both the person and their relatives had ongoing involvement.

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.

- Observations confirmed staff communicated with people to promote their understanding. Staff had a good knowledge of the communication needs of the person they supported. A staff member said, "It is very important to listen carefully to what [person] is saying and then if needed to relay back what has been said to ensure I have understood them correctly."
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was also recorded within people's support plans of how they communicated.
- The registered manager understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or easy read if required.

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 supported to engage in meaningful activities and to maintain relationships with people important to them. A person told us, "I see my relatives a lot. I will be seeing them soon as we have a special occasion to celebrate. I am very excited."
- A relative told us, "We see [person] frequently and they spend their time doing all the activities they enjoy at home. Due to the pandemic [person] has not been able to go out as much or return to their volunteering role but hopefully now restrictions have relaxed [person] will be able to go back to going out to do the things they enjoy."

- The person supported was keen to show us all the different activities they enjoyed doing at home and in the garden. They also showed us the project they had been working on during lockdown which had kept them busy. They told us about their volunteering role and the places they enjoyed visiting.
- Staff told us they were encouraging the person to go out more and providing support with this to enable them re-integrate back into community.

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

- A person told us, "If I was unhappy, I would speak with my relatives or staff." A relative said, "I know there is a complaints procedure in place. Any issues we have raised previously have been listened to and responded to and we were satisfied with the outcome."
- Staff we spoke with told us they would support people to raise any concerns they may have. A staff member said, "If needed I would advocate on behalf of [person] and support them to raise any concerns."
- The registered manager visited people regularly and often supported them. This provided the registered manager with opportunities to ensure people were happy with the support they were receiving.
- We reviewed the concerns and complaints records and saw where issues had been raised these had been investigated and responded to appropriately.

#### End of life care and support

- The registered manager was not currently supporting any end of life care at the time of our inspection.
- Discussions with the registered manager confirmed this sensitive subject would be discussed when needed, and the needs and wishes of people and their relatives would be obtained and respected.

# 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 is the first inspection for this newly 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.

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

- Relatives we spoke to were complimentary about the service provided to their loved one. A relative said, "We are happy with the support provided. [Person] is progressing well and is given a chance to live their life and have a sense of adventure."
- Staff we spoke with were committed and passionate about ensuring people received personalised support and were empowered to make decisions and live the life they wanted. A staff member told us, "We share the managers values, vision and high standards to ensure people have the best level of care and control over their life. It is a pleasure to come to work."
- The registered manager demonstrated their passion and commitment for the service and ensuring people were placed at the heart of what they did.

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; Continuous learning and improving care

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to previous experiences.
- The registered manager told us lessons were learned from any incidents that may occur and changes made as needed in response to these.

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

- Systems were in place to monitor the service provided to people, this included a variety of audits that were completed at regular intervals in areas such as medicines, care records and health and safety. Where issues were identified action plans were in place to address them. For example, some environmental issues had been identified and these had been reported to the landlord to be addressed.
- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents.
- Staff understood their roles and responsibilities. One staff member told us, "We all work as a team and provide a consistent approach which is important to the people we support and to ensuring people receive the best possible care."

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

- Relatives told us they felt involved with the service provided and attended reviews to discuss the persons

care. A relative said, "We have had a recent review, the staff and manager always keep me informed about [person's] well-being and we are consulted."

- Observations supported the registered manager had a positive relationship with the person supported and we observed friendly banter between them. The registered manager knew the person well. The registered manager told us this enabled him to engage with the person to ensure the service provided was in their best interests and promoted their independence.
- Staff told us they felt supported in their role and found the registered manager to be approachable. A staff member said, "I feel valued here, best place I have ever worked with the best manager. He is caring, open and so passionate about making sure people get a good service. I feel able to share ideas about the service and I feel listened to."
- The registered manager told us about the difficult year they have had with Covid-19 and the impact this has had on the staff team and people using the service. The registered manager told us how they have introduced greater support mechanisms for all staff through the provision of a counselling service.

#### Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority, and various multi-disciplinary professionals to ensure people received a personalised service.
- The management team has worked with all partner agencies including the local Public Health England office to ensure feedback and recommendations in relation to preventing COVID-19 outbreaks had been implemented in a timely manner.