

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Liberty Private Care Ltd is a domiciliary care service providing personal care to people at home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This means help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 12 people using the service at the time of the inspection receiving a regulated activity of personal care.

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

The computer system designed to manage the safe administration of medicine was not robust and did not always show medicines were being administered in accordance with the prescriber's instructions. We have made a recommendation to the provider about the safe management of medicines.

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 did not always support this practice. We have made a recommendation about keeping records in line with the mental capacity act.

We found the service had dealt with accidents and incidents effectively to ensure people remained safe from harm however, information had not always been shared appropriately with the local safeguarding team. We have made a recommendation about informing the local safeguarding team of incidents to ensure external scrutiny of the service.

Whilst the service did not currently support any autistic person or person with a learning disability, staff had not completed training in learning disability and autism. We have made a recommendation about providing this training in line with legal requirements.

Suitable numbers of staff supported people however, we were told staff were often late to calls because they did not have enough time to travel in between clients.

People told us the staff were kind and caring and they felt safe. One person said, "I do feel very safe with [staff] and look forward to their arrival." Risks to people's health, safety and wellbeing had been assessed to ensure people were safe. Staff had plentiful access to personal protective equipment (PPE), and systems were in place to protect people from the spread of infections.

People's care needs were assessed before they started using the service to ensure their needs could be met. Staff had completed mandatory training and were able to access additional training to ensure the needs of the people using the service were met.

The service worked well with other organisations and healthcare professionals. We received positive

feedback from people who felt the service had identified concerns and sought medical attention before they became a problem.

People felt the service was well run by the provider who knew people well. The provider was open and honest throughout the inspection and had a lesson learned process in place. The provider was keen to celebrate good care and learn lessons when areas of improvements were identified.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection

The last rating for this service was good (published 25 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, Mental Capacity Act, staff training and safeguarding. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

Recommendations

We have made some recommendations please see our summary, safe and effective section of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our effective 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. 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.

Inspection activity started on 28 September 2023 and ended on 9 October 2023. We visited the location's office/service on 28 September 2023 and visited people in their own homes with their consent on 29 September 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 all this information to plan our inspection.

During the inspection

During the inspection we visited and met 3 people who use the service and 2 family members in their own homes. We spoke with 2 people and 4 family members on the telephone. We spoke with the registered manager, the director, and 2 members of staff, and received written feedback from 3 members of care staff.

We reviewed a range of records including 6 care plans and medicines records, 3 staff recruitment 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 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The electronic system used to manage medicines was not robust and did not always demonstrate medicines had been administered as prescribed. For example, the system showed 1 person had received a medicine twice in 1 day when this was prescribed to have once a day. This meant the person had been overdosed. When we discussed this with the registered manager, they told us they were assured this was a system error because they had conducted a stock check after this incident and found no concerns.
- Staff had completed medicines training before they administered medicines however, checks to ensure staff were competent to administer medicines following the training had not always been completed. We discussed this with the registered manager and were provided with evidence to show the competency checks had been completed by the end of the inspection.

We recommend the provider refers to best practice guidance to ensure the safe management and administration of medicines.

- We reviewed Medication Administration Records (MAR) which had been audited by the registered manager. In addition to these checks, the registered manager told us they conducted regular home visits to count the stock of medicines to ensure medicines were administered safely.
- People and their relatives told us staff administered their medicines safely. One relative said, "They do [person's] medicines and there has never been a problem at all. Such a relief knowing [person] is having the correct medication at the correct time."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had not always been made following incidents where people had placed themselves at risk of harm to ensure external scrutiny of the service.

We recommend the provider refers to best practice guidance to ensure any incident where a person has been placed at risk of harm is reported to the local safeguarding team to ensure external scrutiny of the service.

- When people had been involved in accidents or incidents, the provider had sought appropriate healthcare professional support and had taken action to protect the person from harm.
- Staff had completed training and understood their responsibilities to safeguard people from abuse. Staff knew who to report their concerns to both internally and externally. One staff member told us, "I would report to [registered manager and/or the director]. If I need to report externally, I could report to the Social Services Adult Safeguarding Unit and the police. I feel issues would be dealt with [by the registered

manager].

- People told us they felt safe with the care staff who supported them. One person told us, "I feel safe and well looked after with all the carers who help me."

Staffing and recruitment

- People told us whilst there were enough staff to meet their care needs, care calls were often shorter because staff did not have enough travel time in between calls. Comments included: "They are only given 10 minutes to drive, we pay them for an hour but the hour we pay them for is only 50 minutes" , "they are allocated just 10 minutes and it's not doable, you pay for a 1 hour call knowing the most you will have is 50 minutes" and, "I've never had a missed call and they do not rush me so I can only take from this that they have enough staff to go round."
- We discussed this with the registered manager who told us, "An hour's care includes the provision of 10 minutes travel time to enable the carer to get to the next client. If it takes 20 minutes to drive from client A to client B then the additional 10 minutes travel time is added on and taken into account for the start time of the next client."
- The registered manager and the director covered care calls when they were unable to cover with care staff. There was an active recruitment in process at the time of our inspection.
- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as required by the regulations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare had been assessed and actions had been put in place to reduce any risk of harm. Staff told us care plans had enough information in them, 1 staff member said, "All the information about a client and keeping them safe is both on the app and also in a hard copy of their care plan at their homes. I have also found that if there is a sudden change in a client's abilities I have been informed by the office."
- Risk assessments had been completed to assess the risk of harm to the person from their environment, both inside and outside the property, from the risk of skin breakdown and from the risk of falls.
- Risks of fire had been assessed and where the provider found concerns, appropriate referrals had been made to the local fire and rescue service for their review to keep people safe.
- A lessons learned system was in place when things went wrong. Incidents were investigated and reasons why things went wrong were explored to ensure learning. Learning was shared with all staff to prevent the incident from reoccurring.

Preventing and controlling infection

- People's risks had been assessed to prevent and control infection. Staff had completed training and understood their responsibilities for keeping people safe from the risk of infection.
- Staff had enough supplies of personal protective equipment (PPE) and every person and relative we spoke with confirmed staff always wore their PPE when they needed to. One person said, "Staff did wear PPE, they don't wear masks now, it's not necessary but always did when it was required."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff understood the principles of the MCA, and this was interwoven into the culture of the service from the language staff used when speaking with us about a person, and the notes staff recorded about people. However, for the people who staff told us lacked capacity, records had not been completed to demonstrate their capacity had been assessed and the least restrictive decision had been made in their best interest.

- Staff told us they had hidden the house keys from 1 person in their best interest to prevent them from leaving their home, however, the service had not completed the required paperwork nor had requested an application to the Court of Protection from the local authority.

We recommend the provider refers to the Mental Capacity Act and best practice guidance to ensure people who lack capacity are supported in the least restrictive way and in their best interest.

- We discussed our findings with the registered manager and by the end of our inspection every person using the service with a medical condition that may affect their capacity had the correct paperwork in place and an appropriate Court of Protection application had been made.

- Following our inspection, the registered manager told us, "Even though I have recently completed MCA training I have booked onto a two-day course to help broaden my capabilities and to better understand my role and responsibilities with MCA so I can support team members to understand and implement their roles."

- We reviewed care plans and saw consent to care forms had been completed by people before services commenced.
- Staff knew the importance of seeking consent from people using the service and people told us staff sought consent before starting any care. One person said, "I feel perfectly safe, they always ask how you want to be cared for and what you want done."

Staff support: induction, training, skills and experience

- Staff had not completed training in learning disability and autism. This has been a requirement for all registered health and social care providers since 1 July 2022.

We recommend the provider seeks advice from a reputable source regarding the legal requirement introduced by the Health and Social Care Act 2022 to ensure compliance.

- We discussed our findings with the registered manager who told us they would arrange the training for staff in learning disabilities and autism.
- Staff had the right competence, knowledge and training to carry out their roles. All staff had completed mandatory training including moving and handling, medication administration and first aid. One staff member told us, "[Registered manager] is very supportive and is keen to keep staff up to date with training."
- New starters had received an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and their relatives told us staff had the right skills to meet their care needs. We received comments such as, "I do think they are well trained yes, as they always know what to do whatever situation I find myself in when they arrive", "absolutely everything I asked for has been done and they go above and beyond as far as I am concerned" and, "I think they are well trained and know how to care and look after me."

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

- Care and support was planned and delivered in line with standards, guidance and best practice. The service had established an admission procedure which meant people had assessments completed before the service started supporting them.
- Potential clients were visited by the registered manager as an informal meeting before the formal pre-admission questions were asked to ensure people felt comfortable and safe. Pre-assessments were then completed which formed the basis of the care plans, information gathered included getting to know me, my care needs and initial risk assessment.
- Where people had more complex needs, the staff who would be providing care and support met with the person before the care service started, to ensure they, their family and staff were confident the person's care needs could be met.

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

- People's nutritional needs had been assessed and care plans had been created to instruct staff how to support people's nutritional intake where a need had been identified.
- When staff were concerned people were not eating and drinking well, we reviewed documents which showed staff had reported their concerns to the office staff. Office staff had informed the person's GP and requested appropriate referrals to dietitians and speech and language teams.

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

- People were referred to other agencies including appropriate health care professionals when required. We received comments from people including, "I am more than confident that if I need a doctor or a nurse, they will arrange it for me", "the carers have good and regular contact with district nurses" and, "when [person] became worse they organised the occupational therapist to come."
- The service was proactive at identifying health concerns to ensure people received the treatment they required.
- Staff had received training to use a physical deterioration and escalation tool and had successfully identified when people required healthcare professional support. We reviewed feedback forms from people completed in June 2023 that stated, "We are very pleased with the professional and caring attitude of all the care staff. Sometimes the care staff have reported a possible health issue which may have been missed."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- At the time of our inspection, Liberty Care Limited had gone through a period of change owing to a number of core staff moving onto new roles outside the service. This led to CQC receiving information of concern regarding staffing levels, staff training and safeguarding concerns. We were unable to find evidence to support these claims.
- Staff told us there had been improvements to the service. One staff member said, "There has been recent improvements including better communication and training. I feel more confident knowing up to date information about a client before visiting them and feel more equipped to do my job."
- We asked people and their relatives how well they felt the service was run. We received comments such as, "I think it must be well led because it all runs smoothly", "the managers are particularly good, I live two hours away and I couldn't get hold of [relative] on the phone and was worried. They went to check on them and let me know they were safe" and, "the management try hard and are ok, one thing I will say is that they need a good coordinator in the office to sort out timings and staffing."
- Following our inspection the registered manager told us, "We have recruited a new care coordinator to start imminently, and a registered manager. This will enable me to focus on managing and leading as opposed to doing or being hands on with care."
- Staff told us they mostly felt valued and appreciated by the registered manager. Comments from staff included, "Yes, I feel appreciated, I receive flowers on my birthday, a gift at Christmas and have just received a voucher for working 2 years with the company. I know it is appreciated if we can work extra to cover sickness/holiday", "I don't feel truly appreciated, even though I did receive a voucher for 2 years' service" and, "I like the management, [registered manager] is a very "switched on" person and can be quite reassuring. Having a good manager gives confidence."
- The registered manager told us they had an open-door policy so staff or people using the service can contact them should they need to. One relative told us, "To be frank if I have a problem, I take it up immediately with the manager and they can't be more helpful."

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 registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.
- The registered manager made sure we received notifications about important events they were legally

required to tell us about so we could check appropriate action had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems and processes covered a broad scope of monitoring, including at management and provider level. Information was used to drive improvements of the service. For example, the registered manager identified that written records about people could be improved and showed us a training plan they had put together to show staff.
- Staff understood their roles and responsibilities, knew how to report their concerns and felt confident these would be dealt with.
- There were systems in place to regularly review accidents, incidents and safeguarding referrals including root cause analysis to find out how and why things went wrong.
- The service actively sought feedback on the service provided. Quality surveys were sent out to people, relatives and staff providing opportunities to identify any areas of improvement.
- The registered manager told us, "We complete an annual equal opportunity survey to ensure that we don't discriminate against anyone with or without a protected characteristic." We reviewed Equality and Diversity monitoring records for people and staff to complete. No actions had been identified at the time of our inspection.

Working in partnership with others

- We observed the service working in partnership with other agencies including occupational therapists, community-based therapy teams and other healthcare professionals.
- The registered manager told us, "We work in partnership with the solicitors with lasting power of attorney for people using the service where required, coordinating all care & living arrangements for them. In addition, we have working with other health professionals to support the needs of our clients."