

Liberty Carers Limited

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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 Carers Limited is domiciliary care service providing personal care to adults and children. They previously operated under the name Caremark (Redbridge & Waltham Forest). At the time of this inspection 68 people were receiving a service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were safeguarded from the risk of harm or abuse. Staff were recruited safely and there were enough staff on duty to meet people's needs. People had risk assessments to reduce the risk of harm they may face. People were protected from the risks associated from the spread of infection. Medicines were managed safely. The provider had a system in place to learn lessons from accidents and incidents.

Staff were supported with training opportunities, supervision and appraisal. People had their care needs assessed before beginning to use the service. Staff supported people with their healthcare needs when appropriate. People were supported with their nutrition and hydration. Staff asked for consent before delivering care. 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.

People's protected characteristics were met. Staff were knowledgeable about the people they supported and their care needs. People and relatives were involved in deciding how they wanted their care. Staff promoted people's privacy, dignity and independence.

Care records were detailed, personalised and outcome based. People's communication needs were met. Staff supported people with activities where this was part of their care plan. People knew how to complain and felt their concerns would be dealt with appropriately.

People, relatives and staff spoke positively about the leadership in the service. The provider had regular meetings with staff so they could be updated about the service. People and staff were given feedback surveys so they could give their views about the service. The provider worked jointly with healthcare professionals and carried out quality checks to improve outcomes for people.

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

Rating at last inspection and update

The last rating for this service under when they were registered as Caremark (Redbridge & Waltham Forest) was requires improvement (published 8 September 2022). This provider changed their registered address soon after the last inspection. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider review risk assessments to ensure they contained enough detail. At this inspection, we found the provider had acted on our recommendation and risk assessments were now more detailed.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The provider had relocated and changed their legal entity.

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 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 Carers Limited

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 an inspector 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

Liberty Carers 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 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 1 days' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection and to enable the service to securely share information with us electronically prior to the inspection. Inspection activity started on 14 June 2023 and ended on 9 August 2023. We visited the location's office on 4 and 7 July 2023.

What we did before the inspection

We reviewed information we had about the service since they became operational. 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 used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 4 relatives. We spoke with the nominated individual, registered manager, and communicated electronically with 12 care staff. We looked at a range of management records including, medicines, quality audits and staff training. We reviewed 9 people's care records including risk assessments and 8 staff recruitment records. The registered manager sent us documentation we asked for and clarified any queries we had.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we recommended risk assessments needed more detail around how to manage the risks. The provider had made improvements.

- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face. People had a separate environmental risk assessment carried out to ensure the premises were safe for the person and staff.
- Risk assessments included the risks associated with fluid and nutritional intake, moving and handling, specific health conditions, medicine management and skin integrity.
- Risks were mitigated in the least restrictive way possible. For example, a person's risk assessment stated, "[Person] is unable to stand, walk or transfer independently. [Person] is keen to develop independent mobility and is able to do so using a powerchair."
- The provider had a policy for managing people's finances. Where they managed a person's finances a financial risk assessment was completed. Staff were required to complete a financial transaction record whenever any of the person's money was spent. Records confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse. A person told us, "I feel safe with them and not threatened." A relative said, "I have no concerns. They are very good."
- Staff understood what actions to take if they suspected somebody was being abused. Comments from staff included, "You tell the manager. You can also consider reporting your concerns to the Care Quality Commission" and "Any type of abuse once seen will be a concern to report to the appropriate authorities."
- The provider understood their responsibility to report safeguarding concerns to the relevant authorities. Staff received training in safeguarding of vulnerable adults and children.

Staffing and recruitment

- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

- There were enough staff employed to meet people's needs. People and relatives told us staff never missed a visit but on occasions were late due to transport issues. A person told us, "They are normally on time or within half an hour. They have never missed." A relative said, "They do ring if they are running late and ask if [person] is ok."
- Overall, staff told us they were given enough travelling time between visits. However, a staff member said, "I have enough travelling time but not if buses are delayed." Another staff member told us, "Sometimes not enough time on Sundays with the bus service but I always ring to say I will be late."
- We discussed travelling time at weekends with the registered manager who said they were unaware of this issue previously and would review the planning of the rota.
- The provider used an electronic call system where staff logged their arrival and leaving times for each visit. This enabled lateness to be identified and reasons for this to be explored with the individual staff member concerned.

Using medicines safely

- People's medicines were managed safely. Medicine administration records were completed appropriately and checked by office staff during monthly audits.
- Care plans detailed if a person was able to self-medicate or needed support. This included details about whether family or care staff supported with medicines and how the person preferred to take their medicines.
- Staff received training in the safe management of medicines.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection.
- People told us staff protected them from the risk of infection. Responses included, "[Staff] were very careful in Covid" and "[Staff] all wear gloves."
- Staff understood how to prevent the spread of infection. A staff member told us, "Put on personal protective equipment (PPE), wash hands, dispose of PPE in the bin afterwards. Open windows for ventilation."
- Care plans included guidance for staff about how to reduce the spread of infection for the person such as sanitising hands and wearing the correct PPE.

Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made. Records confirmed this.
- The registered manager gave an example of an incident where a staff member did not recline a person's chair resulting in the person sliding out of the chair and spraining their ankle. The lesson learnt was this is now entered as an individual task on the care tracker and the staff member must sign the tracker once completed.
- The provider had notified CQC appropriately of incidents that had occurred.

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.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's needs around communication, mobility, medicines, personal care, nutrition and hydration, community access and financial support.
- Care plans detailed what support a person needed, when and how they needed it. Records detailed what tasks the person could complete independently, what tasks family supported with and included if the person could direct their own care.
- People's needs around culture, religion, gender of care staff preferences and likes and dislikes were included in the assessment process.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. A person told us, "They are very professional and well trained." A relative said, "They are well trained. They ask questions as well and they mention any irregularities."
- Staff confirmed they received training and found this useful. Comments included, "Yes, it is useful. Training is important for all carers to have a chance to learn new things" and "I have been given training opportunities and it has been very useful."
- Records showed staff received regular training and refresher training including safety topics such as moving and handling, first aid, health and safety and food hygiene.
- The registered manager told us new staff completed online training, moving and handling, medicine competency and shadowed experienced staff. They explained when staff were new to care, they worked on double up visits with an experienced staff member for 4 to 6 months before being able to work independently at single staff visits.
- Records showed staff were supported with regular supervision and appraisal. Staff confirmed they had regular supervision. Comments included, "Regular supervision has been completed and it's very effective" and "[Supervisions] are very useful."

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

- People were supported with their nutrition and hydration. A person told us, "[Staff] ask me what I want to eat and make my meals for me." A relative said, "I do all [person's] food but if I can't [staff] do it for me."
- Staff explained how they supported people with nutrition and hydration. A staff member told us, "I sit next to [person], encourage the person to eat/drink and if required, help them. I also check if any food is still on the table from the previous meal."

- Care plans included people's preferences in relation to food and drink and detailed the support needed to prepare and consume these.

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 maintain their health. A person told us, "I can sort the doctor's myself but I am sure if I needed they would do it for me."
- Staff confirmed that where appropriate, they supported people to healthcare appointments. They told us if necessary they would consult with health professionals for advice and guidance.
- Care plans detailed people's health support needs including whether support was needed to make and attend appointments including the GP and district nurses. People's oral care needs were documented in people's care plans.
- The registered manager explained how people were supported to maintain their health, "[People's] care needs have to be met so we ensure they are taking the medicines for their health conditions and their nutrition, hydration and emotional needs are met."

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.

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.

- The service worked within the principles of the MCA. Where people were able, they signed to consent to receiving care by staff from the service. Where people had a power of attorney who signed consent on their behalf, the provider obtained evidence of this.
- Relatives confirmed staff asked their relative for consent before delivering care. Comments included, "[Staff] listen to [person], for example, what they want to wear" and "[Staff] ask them if they need anything. Staff ask [person] what they want to do."
- Staff understood the need to obtain consent before delivering care. Comments from staff included, "You always need to ask for permission" and "I always introduce myself and ask them permission first and they let me know when they are ready."
- Records showed staff had received training in MCA and DoLS.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 spoke positively about how staff treated and supported them. Comments included, "[Staff] are very kind and very caring. We have good banter and we have a good rapport with them" and "[Staff] are very kind. I can't say anything against them."
- Relatives also confirmed staff were caring. Comments included, "[Staff] definitely are kind and caring. [Relative] is comfortable with them" and "[Staff] are quite positive. They try to cheer [person] up and are fantastic."
- Staff described how they got to know people and their support needs. Comments included, "By talking to [person], reading their notes, talking to the office, other care givers and family" and "First read the care plan. You can talk to them and get to know their preferences."
- Records showed staff had received equality and diversity training. Comments from staff included, "I like to treat everyone equally and make sure everyone is happy with my service" and "I treat all [people] the same. Politics, race, sexual orientation or any other [protected characteristic] should not determine the quality of care they receive."

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

- People and relatives confirmed they were supported to express their views and be involved in decisions about their care.
- The registered manager told us, "The assessment and reviews are done face to face and partly over the phone with the person, relative and staff. We get their input, what their goal is and what they want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Staff received training in providing dignity in care. A person told us, "All [staff] are very kind and treat me with respect and dignity."
- Staff explained how they promoted people's privacy, dignity and independence. Comments included, "I just listen to [person], respect their privacy and independence and don't go against their wishes" and "I close the door and curtains. I cover the [person] as I perform personal care and be respectful always."
- The registered manager explained how they checked people's privacy, dignity and independence was maintained, "It is with feedback from people, spot checks and we get feedback from social workers and occupational therapists."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 were supported in a person-centred way which ensured they had choice and control to meet their needs, preferences and aspirations.
- People confirmed they received their care in accordance with their wishes. Comments included, "All my needs honestly are met. They support me to live my life how I want to" and "Anything you want them to do they will do, even if not on the job description."
- Staff demonstrated they understood how to deliver a person-centred service. A staff member said, "I always ask questions and regularly ask them if everything is to their satisfaction. I read the journal and office notes to confirm their preferences."
- The registered manager told us how they ensured people received care in line with their wishes and said, "We involve [people] in doing their care plan and saying what their preferences are. We do try to get as close as possible to their preferred times of calls and we do quality assurance checks to make sure the person is happy."
- People had planned outcomes for each care intervention and their care plans were reviewed regularly to ensure the outcomes were still relevant.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Care plans detailed what support people needed with communication including whether they used visual or hearing aids.
- The registered manager understood what was required under the Accessible Information Standard and explained for people with a learning disability, "We could use picture cards and easy read documents to give them information. We try to make sure we have everything as easy read."
- The registered manager explained for people with a sight impairment care staff had access to an application where they could download information in an accessible information such as larger print or a different colour. They said for people with a hearing impairment, "Sometimes [person] can read our lips so we make sure we are facing them. The information could be written down for 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

- Where appropriate, people were supported to participate in activities socially and culturally relevant to them. The support needed with this was detailed in people's care plans.
- Care records showed staff supported people with various activities including going for walks, day trips out to the zoo, cinema or parks and baking, crafts and listening to music.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system in place to record complaints and concerns.
- People and relatives told us they knew how to make a complaint if they needed to. A person said, "I am happy with the care. I can't complain." A relative told us, "I would know who to complaint to but they are good."
- We reviewed the record of complaints and saw they had been dealt with appropriately stating when complainants were satisfied with the outcome.

End of life care and support

- At the time of this inspection, the service was not working with anyone at the end of their life. The majority of people using the service were receiving a rehabilitation service and the rest were children who were not expected to reach the end their life in the foreseeable future.
- However, the provider had an end of life care policy in place and staff were trained in how to provide this type of care sensitively if needed. They had an end of life care plan template to detail the person's wishes, arrangements to manage pain and a daily assessment recording sheet. The registered manager told us they would liaise with palliative care nurses should the need arise.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider was operating from an unregistered location. This was a breach of Section 33 of the Health and Social Care Act 2008.

The provider responded immediately, during and after the inspection. They submitted their application to register the new location they were operating from and remove the location they were no longer using. The provider is now operating from a registered location and is no longer in breach of Section 33.

- Staff were clear about their roles and were comfortable with raising concerns with managers when needed.
- The provider had a system of quality audits in place to check on the quality of the service. These included medicine records, care notes and financial transactions. We reviewed a care file audit completed on 29 June 2023. This included a check of the last spot check, telephone quality monitoring and annual feedback survey.
- The registered manager told us, "The staff if they have any concerns they document it but they will also raise it [verbally] with us. Our staff are our eyes and ears. We do spot checks on staff working and quality assurance checks with people to make sure they are happy."
- We reviewed spot checks of 2 staff. The format was detailed and included feedback from the person receiving the service. The check looked at timekeeping, infection control, professional conduct, medicine administration, moving and handling and record keeping.

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

- The service had a positive culture that was inclusive, open and empowering. This meant people, relatives and staff felt they had a voice and were listened to.
- People and relatives told us the service was managed well. A person said, "I am very happy with the care. The service is well run. They are there for [us]." A relative told us, "The service is definitely well run and you can call up for advice. They are brilliant. They go above and beyond. I would recommend them."
- Staff spoke positively about the management of the service. Comments included, "[Registered manager] is lovely and I do feel supported. [Care co-ordinator] is brilliant with the rota. [Nominated individual] makes sure the service runs well" and "I am getting proper guidance and support."

- The registered manager told us they were available for people, relatives and staff and, "We have an open door policy so they can speak to us whenever they want to."

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 their responsibility under duty of candour including carrying out an investigation when things went wrong and where appropriate the need to apologise to people concerned.
- The provider had notified the local authority and CQC of concerns appropriately.

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

- The provider had a system of obtaining feedback from people using the service. We noted from the analysis of the survey undertaken in November 2022, people had indicated they were happy with the service and several people thought some aspects were outstanding.
- The provider had obtained feedback from staff. The analysis for the 2022 survey showed overall staff felt happy at the service and felt able to support people safely.
- Staff had regular meetings to be updated on service development. We reviewed the minutes of the meeting held in May 2023. Topics discussed included, training, safeguarding, communication and the on-call system.
- The provider had regular office meetings. We reviewed the minutes of a meeting held in June 2023 and saw topics discussed included reablement, recruitment, work scheduling and training
- The registered manager told us there were no current equality issues with staff and the staff team were from a wide range of diverse backgrounds.

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people. The registered manager told us, "We do liaise with healthcare professionals. We have called single point of access who will arrange for a nurse or occupational therapist and we have also gone to the GP. "
- Care records showed evidence of joint working with healthcare professionals and social services.