

Liberty Support Services Limited

# Liberty Support - Midlands

## Inspection report

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24 March 2022

29 March 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Liberty Support (West Midlands) provides personal care in supported living settings. At the time of the inspection they were supporting 42 people with a learning disability, autism or living with mental ill health. People lived in shared houses, flats and bungalows across different areas within the West Midlands.

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 using the service were not always safe. Staff knew when and how to report any concerns of abuse. However, there were occasions where people using the service were not always safe due to safe staffing levels.

People were not always supported by staff who understood their roles and did not always receive effective training.

People were not asked for their views of the service. There were not effective systems in place to monitor the service.

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 not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

### Right support

People were supported to have choice, staff supported people in the least restrictive way possible. The provider supported people to make choices, and have control over their own lives, such as what time they got up and went to bed.

## Right care

We saw that staff were caring and promoted the people they were supporting dignity.

## Right culture

Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us how they would recognise pain, distress and discomfort in people who could not verbally communicate.

## Why we inspected

We received concerns in relation to the safety of people and concerns about the numbers of staff available to support people.. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. Whilst undertaking this inspection we assessed whether the service was applying the principles of right support, right care and right culture.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has an action plan in place to address the concerns raised by the local authority as well as an action plan for across the region to improve the quality of care for people using the service. The action plan was in the early stages, so not enough time had passed to see the change.

## Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to regulation 12 of safe care and treatment and regulation 17 of good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

The provider has an action plan in place, and they understand what they need to do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was good (published on the 11 January 2020).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Liberty Support - Midlands

## 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 was carried out by one inspector.

This service provides care and support to people living in 11 'supported living' settings, 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 did not currently have a manager registered with the Care Quality Commission. There had been some changes in the management team recently and the provider informed us how the service is currently being managed and their plans to recruit a new registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 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 the 23 March 2022 and ended on 4 May 2022. We visited the location's office/service on 23 March, 24 March, 29 March, 30 March and 6 April 2022.

#### 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 who work with the service. 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 the senior management team which included an individual who would be registering to become the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 13 staff members. We spoke to six relatives and six people using the service. We spoke to two health professionals. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision and . A variety of records relating to the management of the service, including policies and procedures .

After the inspection –

We continued to seek clarification from the provider to validate evidence.

# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We saw some staff were not wearing personal protective equipment (PPE) correctly. For example, we saw a number of staff wearing face masks incorrectly.
- PPE stations at the locations visited were located by the entrance and not at accessible points throughout the building .
- Pedal foot bins were not in place at the locations we visited.
- There were no arrangements in place to ensure enhanced cleaning was carried out to a satisfactory standard in accordance with current good practice guidelines.

The provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, the management team arranged for an Infection Control Specialist Nurse to attend to ensure appropriate guidance was in place for staff to follow.

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

- There were mixed views from people and their relatives if they thought they were safe. One person said, "Yes (I feel safe), because of the staff." However, one relative said, "It varies. At the moment it isn't too bad, in the past there has been issues as staff have not been experienced or properly trained."
- Staff confirmed they had received safeguarding training and understood how to keep people safe. One staff member explained their understanding of keeping people safe as, "Protecting individuals and making sure they get the right care. Spotting the signs of abuse and knowing what to do."
- The management team were working with other professionals and the landlord to mitigate the risk to people's safety resulting from improvements that were needed to the accommodation

### Assessing risk, safety monitoring and management

- The management team had arranged for some fire extinguishers to be serviced.
- We were not always assured people were protected from the risk of avoidable harm because we could not be assured from records that staff had received all the training or supervision they needed . The provider was working with the local authority and had submitted an action plan to address these issues .

The processes in place to escalate concerns about the maintenance and repairs required in the environment were not always escalated to the landlord in a timely way to ensure repairs where they had



been carried out.

#### Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- A relative said they had no concerns that their relative received their medication as prescribed.
- Most staff confirmed they had received training and during supervisions the administration of medicines were discussed to ensure they felt confident undertaking this task.

A few staff however had not received updated training to ensure their knowledge was up to date. The manager assured us all staff would receive refresher training.

- We saw evidence that medication was not always recorded correctly on Medical Administration Record (MAR) charts, there was no impact to the person and the service manager took immediate action to rectify the issue.
- Body maps were not in place to guide staff where to apply prescribed cream or gels to people. Information where to apply the cream or gel was not in the care plan. A person told us staff knew where to apply their cream.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned and improvements made when things went wrong.
- During the inspection an error was picked up on a MAR chart, this information was shared with the service manager who followed the process and took appropriate action.

# 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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care records did not always contain clear or up to date information for staff on how to support people's needs.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met.

Staff support: induction, training, skills and experience

- People and relatives had mixed views about staff skills. One person told us they believe staff are trained to support them. A relative told us, "Staff are not all experienced or properly trained."
- Staff had mixed views about the induction and the training they received. One staff member told us, "Training was online, which I completed before doing some shadowing shifts. I had four days of shadowing at different times of shifts." However, another staff member told us, "The training was lacking somehow, the service had promised to train us. The training was via Zoom (online), it wasn't practical. Since the new management team had started they have started face to face training."
- Since the new management team had been in place they are reviewing the training arrangements for staff, and they were working on developing a new induction programme that takes account of 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.

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support

- Arrangements were made so that people were supported by healthcare professionals where they needed this support, and had access to their GP.
- Staff knew the importance of a balanced diet and received training in food hygiene so that they could prepare food safely. One staff member told us, "We don't go out as much to eat, get more vegetables and they are good with them."
- A staff member told us, "We are trying to take them [people who use the service] for walks. We used to go to Zumba classes but this was put on hold due to Covid."

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

- A person told us, if they are not feeling well staff will contact their GP and staff will support them with their appointments.

- Staff worked in partnership with other healthcare professionals to plan and deliver an effective service to meet people's individual needs such as district nurses, nurses and the psychiatric team .

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.

- People we spoke with confirmed staff give them choices. One person told us, "I make decisions such as when I wake up and I decide what I do with my day."
- Staff we spoke to confirmed they had received training so that they knew how to give people choices and an awareness that staff can't make decisions for people.
- The management team had a good understanding of the MCA. The management team said that they were intending to do further training on the MCA with the staff team to refresh staff's knowledge and skills.

# 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People spoke positively about the recent changes in the management team and the new appointments inspired their confidence. One relative said, "It's getting there... Previously it was shambolic but with (Person) it is more professional."
- Staff had positive feedback regarding the new management team, one staff member said, "Yes, I am able to tell them any concerns."

Good governance

- There was a lack of robust systems for ensuring the safe and effective operation of the service. For example;
- Systems in place had not ensured all staff received refresher training in areas of training considered by the provider to be essential such as the administration of medicines.
- Systems in place had not ensured that medication administration records were completed accurately.
- Systems in place to monitor the service had not identified that staff had up to date information about where topical creams should be applied.
- Systems were not in place to ensure people using the service, or their relatives had the opportunity to give feedback on their views of the service they received.
- Systems in place were not effective in ensuring repairs and maintenance issues were escalated to the landlord in a timely way.
- Systems in place to monitor staff performance had not identified that spot checks were carried out consistently.

Due to poor governance of the service people were placed at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as per guidance in section 7.13 of the enforcement handbook.

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 provider was going through some management change; they were in the process of registering a new nominated individual. We spoke with the newly appointed nominated individual who assured us that they had a clear understanding of the duty of candour and the requirement to be open and transparent.

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

- The service is required under the conditions of their registration to have a registered manager. At the time of the inspection there was no registered manager in position but the current management team have explained the steps to recruit a suitable registered manager.

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

- People using the service, or their relatives have not been asked to give feedback on their views of the service. One person said, "No, they have been promised these but it hasn't happened yet."
- Staff told us, there is a team meeting every month. One staff member told us, "Team meeting are once a month but if we need to discuss anything a meeting will be held sooner."

Continuous learning and improving care

- The provider's governance system of the service was not effective or robust. There was a lack of oversight, leadership and governance at the service during the pandemic. An external agency rather than the provider had made us aware of concerns around inconsistent staff training and how repairs and maintenance issues were escalated to the landlord.

Working in partnership with others

- They were plans to work with community leaders in the future as this would support the organisation with the recruitment of staff and utilising facilities which would support their training.
- A new management team was put in place in March 2022 and was working with the local authority and commissioning teams to develop close links and good working relationships. The provider required time to embed the new practices which have been put in place to ensure they are effective.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Due to poor governance of the service people were placed at risk of harm.