

Liberty Support Services Limited

Liberty Support - North

Inspection report

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11 April 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Liberty Support North provides services to people who have learning disabilities and complex care needs, in eleven supported living properties in Oldham and Tameside.

People's experience of using this service: The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive to them.

Relatives were happy with the support provided to their family members.

People were able to live their lives with full support from staff who respected their diverse needs.

Staff knew people well, helped them make choices and decisions and encouraged them to be as independent as they could.

The management of medicines was carried out safely. However, some improvements were required in the level of detail in documentation for 'when needed (PRN)' medicines.

People were protected from the risk of cross infection. During our inspection we found two shower chair covers that were heavily stained. These have since been replaced.

There were systems in place to recruit staff safely. There were sufficient staff to provide support to people.

Staff had considered risks to people's health, safety and wellbeing and had taken reasonable steps to prevent them coming to harm.

Staff had received sufficient training and ongoing support to help them carry out their roles.

The service worked closely with other health and social care professionals and supported people to access appropriate health care services when needed.

Staff supported people to take part in activities of their choice.

The service had a process for handling complaints and concerns.

We found improvements were required in care documentation. We have made a recommendation that the service improve its system for reviewing care and support documentation to ensure that all records are

completed fully and are up-to-date.

There were systems to maintain and improve the quality of service through audits, surveys and meetings. However, the audits had not identified the discrepancies we found in care records.

Rating at last inspection: At the last inspection the service was rated as 'Good' (report published 10 November 2016).

Why we inspected: This was a planned inspection, in line with our inspection schedule.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme. If any concerning information is received we may inspect

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Liberty Support - North

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Liberty Support North provides care and support to people living in eleven 'supported living' settings in Oldham and Tameside, 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 (CQC). This means 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 was an announced inspection. We gave the service 48 hours notice of the inspection visit to ensure the registered manager would be available to assist us and to ask people if they would be happy for us to visit their homes.

Inspection site visit activity started on 10 April and ended on 11 April March 2019. We visited the office location on both days to speak with the registered manager and to review the service records. During our inspection we visited people in four supported living properties in Oldham.

What we did: Before the inspection we reviewed the inspection report from our last inspection and information we held about the service. This included notifications the service had submitted to the CQC. Notifications provide information on changes, events or incidents that the provider is legally obliged to send to us without delay. We contacted the local authority and asked if they had any concerns about the service, which they did not.

During our inspection site visit we spoke with the registered manager and three support workers.

We reviewed a range of documents. These included seven people's care and support plans, medicine administration records (MARs), three staff recruitment files and training and supervision records. We also reviewed documents relating to the management of the service, such as quality assurance records.

Following our inspection site visit, we spoke with five relatives on the telephone to ask their opinion of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were managed safely. However, some improvements were required in the level of detail of instructions for people requiring 'as and when needed (PRN)' medicines. We discussed this with the registered manager who agreed to carry out a review of all the PRN protocols within the service to ensure they contained the required amount of detail pertinent to each person's needs.
- Staff had been trained to give people their medicines and competency checks were carried out annually to test their knowledge.
- Some people who used the service needed staff to give medicines in the event of a medical emergency, such as an epileptic seizure. These staff had received the appropriate training and carried the medicines with them at all times so that they could respond quickly.
- There was a system to deal with any medicines errors. If staff made a mistake while giving out medicines, they received further training and were not allowed to support people with their medicines until their competency had been rechecked.
- Records showed that medication was administered as prescribed. Each person had a medication administration record (MAR) which listed the medicines they required and when they should be given. We checked seven people's MAR charts and saw that they had been completed accurately.
- Daily checks of people's medicine supplies were carried out and audits covering medicine administration and record keeping were completed.

Assessing risk, safety monitoring and management

- The registered manager assessed people prior to them being accepted by the service. This ensured there were staff available to safely meet their needs.
- Risks to people's health and well-being had been identified and support plans put into place to help staff reduce the identified risks. These had been reviewed regularly.
- Servicing of equipment and regular health and safety checks, such as of the fire alarm, fire exits and water temperatures were carried out at the properties.
- Routine fire drills were carried out to ensure staff knew what to do in the case of an emergency and people had individual evacuation plans in place to guide staff and the emergency services on how to safely escort them from the premises in the event of a fire.

Preventing and controlling infection

- The supported living properties we visited were clean. The properties we visited were clean. However, in one of the properties we found that two material shower chair covers were heavily stained and a toilet seat

and frame had areas of rust. The staff told us this equipment was regularly cleaned so it was not an infection control risk. However, it did not look pleasant for the people using it. It is not the responsibility of the service to maintain or service this equipment, however, following our inspection they asked for it to be replaced.

- The provider had a policy which gave staff guidance on infection control measures.
- Staff were trained in how to prevent and control the spread of infection.
- Disposable gloves were provided for staff to wear when carrying out personal care tasks. This protected staff and people using the service from the risk of cross infection during the delivery of care.

Staffing and recruitment

- The provider followed safe recruitment practices. This ensured people were supported by staff who were of good character and suitable to work with vulnerable people.
- Records we checked confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- People who used the service had been asked what qualities they would expect people who supported them to have. This information was used during interviews to ensure newly recruited staff had the right values.
- We got a mixed response when we asked relatives if they felt their family member was supported by a consistent staff team. One relative told us, "My only complaint is the turnover of staff." However, all five relatives told us this had improved over recent months and that their family members were currently supported by staff who knew them well. One relative said, "They are very in tune with what she needs."

Systems and processes to safeguard people from the risk of abuse

- The service had up-to-date policies for safeguarding and whistleblowing (this is when a worker passes on information concerning wrongdoing). All safeguarding concerns were reported to the local authority and to the CQC. At the time of our inspection there was one ongoing safeguarding incident which was being investigated by the local authority.
- Staff had completed training in safeguarding and understood this issue and how to raise concerns.
- All staff were provided with detailed information about what to do in the event of an accident or incident, head injury or medicines error.
- During our inspection we saw people were relaxed and comfortable with staff. Relatives told us their felt their family member was safe.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from things when they went wrong, such as through accidents and incidents. These were all investigated, reviewed and analysed each month. Analysis of accidents and incidents helps a service identify and monitor patterns and trends so that they can take appropriate action to minimise these occurring in the future.

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

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; ensuring consent to care and treatment in line with law and guidance.

- Assessments of people's care and support needs were completed before people started using the service.
- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff described to us the approaches they took when providing people with support. These discussions demonstrated that people were involved in and encouraged to make their own decisions about everyday matters, such as what they would like to wear and eat what they would like to do. One support worker told us, "It's their home. That's our ethos."
- Where people did not have the mental capacity to make important decisions for themselves, best interest meetings had been held. For example, we saw details about a best interest meeting for someone who needed to have an operation.

Staff support: induction, training, skills and experience

- People received effective care because staff were well supported through a service induction, training and supervision.
- All new staff received an induction into the service. During this period they completed mandatory courses, including health and safety, moving and handling, safeguarding vulnerable adults and person-centred care. These were completed through e-learning and face-to-face training. They spent time shadowing more experienced staff. One relative confirmed that new staff had been introduced gradually to their family member over a number of weeks, until they were confident to manage his particular medical needs.
- Staff completed refresher training when required. There was a system in place for monitoring staff training compliance. We found the majority of staff were up-to-date with all the required training.
- Where staff needed training to support a person's particular health or medical needs this was provided.
- Team meetings were used to provide staff with additional training on specific topic areas, such as giving people choice, dietary needs and health and safety law.
- Staff received regular supervision through supervision meetings and observation of their work. Supervision provides staff with an opportunity to discuss their work performance, training needs and any other issues.

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

- Staff knew people's dietary requirements and preferences and helped them with meals if this was part of their support plan.
- Some people required their meals to be prepared to a particular texture, for example pureed and their drinks thickened, in order to minimise the risk they might choke when eating. Where this was the case, up-to-date guidance was provided for staff. Staff had signed the guidance document to show they had read and understood the information. One person needed to be positioned carefully so that they sat upright when eating. We saw that positioning guidelines were available for staff.

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

- Involvement of different professionals, such as opticians, dentists and GPs, ensured people's health and well-being was monitored and action taken when there were any changes.
- People were supported to attend hospital appointments when necessary.

Adapting service, design, decoration to meet people's needs

- All the supported living properties were owned and maintained by housing associations. In two properties we visited, the bathrooms were in a poor condition. The registered manager told us they were scheduled to be replaced by the housing association responsible for them.
- In the properties we visited, people's bedrooms had been decorated and furnished in accordance with their personal preferences.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People using this service who we saw during our inspection were unable to tell us how they were treated by staff. However, during our inspection we saw and heard many caring, kind and friendly interactions between staff and the people they supported.
- The majority of relatives we spoke with were pleased with the way staff supported their family members. One person told us, "They are fantastic. In general we are very happy." Although one person told us there had been an occasion last year when they had not felt happy with the standard of care provided, they went on to say, "At the moment everything is running smoothly and I am quite happy."
- People were supported to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. For example, one person had a long-term partner and staff supported them to meet regularly.

Respecting and promoting people's privacy, dignity and independence: Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of promoting privacy and dignity and could describe how they would do this, for example when supporting people with personal care.
- People were encouraged to be as independent as possible in their daily routines. For example, if people were able to, they helped keep their rooms clean and helped to prepare their meals. One person worked with staff to complete the weekly safety checks. A member of staff told us, "We like to support, not take over."
- Support plans contained details of people's personal history, their likes, dislikes and known choices. This helped ensure they were treated as individuals.
- People, and where appropriate their relatives, were actively involved in decisions about their care and support and could say how they wanted it to be given.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff to access their local community and take part in a variety of activities of their choice. Relatives we spoke with were complimentary about the way staff helped their family members to be active. One relative told us, "They come up with new and novel things for him to do."
- Through our conversations with staff it was clear they knew the people they supported well. One support worker told us, "Once you know people you can tap into what they like." They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service. One relative told us, "They [staff] are very in tune with what she needs."
- People's ability to communicate was recorded in their support plans, to help ensure their communication needs were met. Staff understood people's individual communication preferences. For example, one person's communication plan described how staff should use open, rather than closed questions when speaking to them.
- Care records included people's personal information and detailed descriptions of their routines and support needs.

Improving care quality in response to complaints or concerns.

- The service had a complaints policy and a process for managing and responding to complaints.
- The complaints form was easy to complete as it contained both words and pictures so that people with reading or communication problems could understand and use it. The form expressed in simple terms the things the service would do to put things right, if it received a complaint.
- The service had not received any recent complaints from people who used the service or relatives.

End of life care and support

- The service supported people who were at the end of their lives. This support was provided in conjunction with other health care professionals. Where people needed specialist support at the end of their lives, the service ensured staff were trained to provide this. For example, one person required oxygen therapy and staff had received training to support them with this.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility: Continuous learning and improving care.

- The service and provider had a clear set of values which described how they supported people in a non-discriminatory way. We saw these values were put into practice.
- Although most of the support plans we looked at had been reviewed regularly, we found some that needed up-dating. We also found some care documentation had not been signed or dated. Some care files contained records that were old and no longer in use. Others contained records that were blank. These discrepancies should have been picked up through the auditing process.

We recommend the service improve its system for reviewing care and support documentation to ensure that all records are completed fully and are up-to-date.

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

- The registered manager and staff we spoke with demonstrated their commitment to provide a quality service.
- The registered manager and senior staff carried out regular quality assurance checks. These helped to monitor the quality of service provided. Weekly and monthly audits looked at a ranged of areas, including medicines management, complaints, health and safety and care records. Where areas for improvement were found action plans were put in place. However, we found some issues with care documentation that had not been picked up by the service audits.
- We found some issues with the detail in PRN medicines protocols.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed within the service office. The registered manager had submitted relevant statutory notifications to the CQC. Notifications provide information on changes, events or incidents that occur within the service.

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

- There were good systems of communication to ensure people who used the service and staff were supported.

- Staff meetings were held on a regular basis. These kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- The service sought feedback from people through care reviews and questionnaires. These were provided in an accessible format so that people who used the service could easily understand them.
- The service was in the process of devising a form that could be used by service users to help them audit their own and other properties. This showed the service was keen to involve people in gathering feedback.

Working in partnership with others

- The service worked alongside other agencies, such as the local authority, clinical commissioning groups and other health and social care professionals, to support people's care needs and share information where needed.
- The service worked closely with housing associations, who managed the supported living properties, to ensure the properties were suitably maintained. The registered manager told us the housing associations responded promptly to requests for repairs.