

Libertatem Healthcare Group Limited

Libertatem Healthcare

Group Ltd Head Office

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Libertatem Healthcare Group Ltd provides personal care and support to people living in their own homes, who have experienced a personal injury, for example traumatic, acquired brain and spinal cord injuries. People's care was commissioned by legally appointed case managers. At the time of the inspection there were 63 people receiving personal care from 237 staff.

People's experience of using this service

People experienced high quality care, which consistently achieved outstanding outcomes, significantly improving the quality of people's lives. Professionals reported that the provider's recruitment process, directly involving the person in the selection process of their dedicated care team was exceptional and led to them experiencing quality of care to the gold standard. The management team had an extremely effective support and appraisal system, which recognised that continual development of staff skills and knowledge was integral to the provision of the highest quality care. Staff were highly valued in their roles and the provider proactively supported them in their professional career development. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs.

The service provided person-centred care and support, which achieved life changing results for people rehabilitating after traumatic injuries, particularly supporting them to be discharged and cared for at home, when multi-disciplinary team professionals doubted it was possible. People were enabled to access the community and take part in stimulating activities, which enriched the quality of their lives. The provider went the extra mile to support people's communication needs, for example, by recruiting a dedicated support team who could speak to a person in their own language to understand their needs and concerns. Staff had developed exceptional skills at supporting people and family members to reconnect after enforced separations caused by traumatic events. The registered manager thoroughly investigated complaints and shared lessons learned with staff to improve the service. When people had died, they experienced a comfortable, dignified and pain free death, in a manner which respected their wishes.

People experienced safe care and were protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff identified and assessed risks to people effectively and managed them safely. The registered manager ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs. People received their medicines safely from staff, in accordance with recognised guidance.

People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and these choices were consistently respected by staff. Staff treated people in a respectful manner and intervened discretely to maintain their personal dignity when required. Staff knew how to comfort and reassure people when they

were worried or confused.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their roles and consistently placed people at the heart of the service, clearly demonstrating the caring values of the provider. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent further occurrences. The governance structure ensured there were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement.

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.

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 (report published 29 March 2019)

Why we inspected:

This was a planned comprehensive inspection, in line with our inspection programme.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally 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.

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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

This inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE 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, which provides personal care and support living in their own homes within the community. The service specialised in providing care to meet the needs of people who had experienced personal injuries, including acquired brain and spinal cord injuries.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, who was also the nominated individual and the clinical director. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The provider had appointed a Head of Operations, who had begun the application process to become the registered manager.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 June 2022 and ended on 1 August 2022. We visited the location's office on 1 July 2022.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 8 March 2022 to help plan the inspection and inform our judgements. 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 this key information during the inspection. We sought feedback from the local authority, safeguarding team, case managers and other professionals who work with the service. We checked information held by the Companies House and the Information Commissioner's Office. We checked for any online reviews, relevant social media and looked at the content of the provider's website. We also reviewed the provider's social media sites to confirm they had published our last inspection ratings. We reviewed notifications from the service. The law requires providers to send us notifications about certain events that happen during the running of a service. We used all of this information to plan our inspection and took this into account when we inspected the service and made the judgements in this report.

During the inspection

We endeavoured to contact 22 people who use the service or their representatives and spoke with two people and nine relatives about their experience of the care provided to their family member. Between 30 June and 22 July 2022, we spoke with 25 case managers/clinical leads who had been legally appointed to commission people's care. In this context, case managers are health and social care professionals with expertise in the areas of support required by people, for example, spinal cord and acquired brain injuries. We spoke with the registered manager, the head of operations, the main director, the managing director, the clinical nurse manager, three regional clinical nurse leads, a nurse, two senior care coordinators, four care coordinators, the recruitment and training manager, the recruitment and compliance administrator and 19 support worker's dedicated to specific individuals living in different parts of the United Kingdom. After the site visit, we continued to seek clarification from the provider to validate evidence found. We reviewed a range of records, including eight people's care records, medication records and daily notes. We looked at six staff files in relation to recruitment and supervision records. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits, complaints and safeguarding records.

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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm by staff whom they had chosen, who knew them well and understood how to protect them from abuse. People and relatives told us they felt safe and trusted the staff who supported them. One relative told us, "We have been using the service since April, [person] is one hundred per cent safe, I am really happy with them. If I wasn't happy, I could talk to the managers."
- Professionals consistently told us people experienced safe care. For example, one case manager told us, "It is clear that Libertatem (the provider) are dedicated to ensuring people are safe and protected from abuse and avoidable harm and this is supported by clear systems of reporting and recording, including incident / accident reporting, ABC charts (observation/action records), body maps and real-time daily logs."
- Staff had completed safeguarding training, which was refreshed regularly to maintain their knowledge and to update them on any changes in guidance.
- Staff knew how to recognise and report abuse, both internally and externally. One staff member told us, "I feel we are alert in our safeguarding and incident reporting, and work well between ourselves to 'sound out' any issues and the best way forward. We have a team meeting every Friday, to ensure everyone is updated re current issues and work in progress." Another staff member said, "Safeguarding of staff and clients is at the centre of everything we do. Reporting processes are clear and explained thoroughly. Any concerns I have raised have been taken seriously and I have been supported to ensure they are investigated, whether that be in house or through formal investigation process."
- The registered manager completed thorough and timely investigations into safeguarding concerns and updated staff with any identified learning.
- Professionals supporting people told us that staff promoted a safe, consistent atmosphere that met people's individual needs. People and their chosen representatives had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and comprehensively assessed to provide staff with the required guidance and information to manage them safely.
- Risk assessments were reviewed regularly which ensured they were up to date and accurately reflected people's changing needs.
- Staff effectively used recognised evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service installed and utilised specialist equipment where required and accessed individualised support to manage a variety of complex needs, including acquired brain and spinal injuries.
- Assessment and monitoring records demonstrated that people received the support required to keep

them safe, in accordance with their risk assessments and support plans.

- Staff supported people with complex needs to remain safe, whilst maintaining their independence and giving them choices, in accordance with their support plans. Staff worked closely with people, their families and community multi-disciplinary teams [MDT] to look at how they managed risks to themselves and to others.
- Staff were vigilant for the signs that people were experiencing emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- People and professionals told us people experienced good continuity and consistency of care from staff dedicated to them, who knew them well. One relative told us, "This is by far the best agency [provider] we have ever used for [person]. I think it starts from the recruitment. They are excellent." Professionals told us that due to the complex and challenging nature of some of the required support, it was anticipated that continuity could be an issue. One professional told us, "There are no concerns with the quality of care, I always feel assured that [person] is always being supported by staff who know their needs well. If unforeseen staff shortages occur there will always be one member of staff who knows [person] well on the shift."
- The recruitment team had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances. These included Disclosure and Barring Service (DBS) checks, gaps in prospective staff's employment histories, conduct in previous care roles and their right to work in the UK. The DBS provides information to support employers to make safer recruitment decisions.
- People and relatives told us their involvement in the staff selection process had reassured them. The managing director told us, "I always under promise and will never take a package unless we have a team of suitable staff available", which commissioners of care confirmed.
- The management team worked with case managers to complete thorough staffing needs analyses, which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. This was confirmed by people, relatives and professionals, and corroborated by staff rotas.

Using medicines safely

- People were supported to manage their medicines safely by staff who followed safe practices. For example, medicine administration records (MAR), demonstrated that people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. This meant that people consistently received their medicines when they needed them.
- There was comprehensive, person-centred information within people's medicine management plans to inform staff how to safely administer people's medicines via percutaneous endoscopic gastrostomy (PEG) when required, for example when people experienced difficulty swallowing. This enabled people to receive nutrition and medicines via a tube directly into their stomach.
- People's MARs contained the necessary information about people's medicine allergies and were consistent with their care record information. This protected people from the potential harm of being administered medicines to which they were allergic.
- High risk medicines requiring additional monitoring and support were clearly detailed within people's medicine plans and were managed in line with relevant guidance and government legislation.
- The provider had policies and procedures in place, which staff followed to ensure medicines were managed safely, in accordance with current guidance and regulations.

- Staff were trained to administer medicines safely and their competency to do so was checked regularly. The registered manager, clinical lead nurses and case managers completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff were encouraged to report incidents. Staff raised concerns and recorded incidents and near misses, which helped to keep people safe and improve the quality of the service. One staff member told us, "It is refreshing to work for a company where you are encouraged to report things, even when things go wrong, and you are supported by the managers."
- Staff managed incidents affecting people's safety well. Managers thoroughly investigated incidents and shared lessons learned.
- The management team took prompt action to implement the learning identified from incidents, accidents and near misses. For example, devising positive behaviour support strategies to de-escalate people's anxieties.

Preventing and controlling infection

- Staff supported people to follow effective infection, prevention and control measures to keep people and staff safe. People had good arrangements for keeping their individual homes clean and hygienic.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing when required.
- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing food.

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 outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Outcomes for people were regularly outstanding and better than expected. For example, people had been successfully rehabilitated into the community when MDT professionals had doubted this was possible to achieve and sustain. One such person who had sustained an acquired brain injury in unknown circumstances, required four staff due to extreme anxieties, whilst being treated in hospital. The person's wish was to be discharged into the community. However, the wider MDT were reticent, due to concerns for the person and other's safety. The regional clinical nurse lead and care team used positive behaviour support strategies to successfully enable the person to rehabilitate into the community, where they had joined bowls clubs, golf clubs and enjoyed jazz concerts. The determined, conscientious approach of staff led to a significant reduction in the person's anxieties and frustrations, and consequently their required staffing level. The support provided by the service achieved an outstanding outcome for this person, when they realised their dream to live a full and totally independent life without support, within the community.
- We reviewed circumstances relating to a person with extremely complex needs who wished to return home. The person had been in hospital for 13 months waiting for a provider to be found who could support the complexities of their needs at home. The regional clinical nurse lead completed needs and risk assessments to fully identify the bespoke training required to meet these needs. A dedicated team of seven staff then completed 16 training modules in addition to their core competencies to enable them to provide effective and safe support to the person. The person finally had their wishes realised when they were discharged back to their own home.
- Staff training was developed and delivered around individual needs. People, their families, case managers and clinical nurse managers were involved in planning and delivering this training. A case manager told us, "The process they have used in setting up [person's] care package has been excellent, and I recommend they [provider] continue using similar models with others [people] in the future." Relatives told us they had been actively encouraged to become an integral part of the training process to ensure it was as person-centred as possible.
- The service worked in partnership with other organisations and kept up to date with new research and development to make sure staff were trained to follow best practice. For example, before new staff were deployed to deliver care to a person who required support living with a tracheostomy, they received training and competency assessments from a recognised expert in the field, who was involved in the UK National Tracheostomy Safety Project. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. The goal of the UK National Tracheostomy Safety Project is to improve the safety and quality of care for people with tracheostomies. This professional complimented the regional clinical nurse lead for the excellent quality of support already being provided to

this person by the initial care team, which had achieved an outstanding, ongoing outcome for the person. This person had been discharged home with a life expectancy of nine months but three years later continues to thrive and flourish at home with their family, testament to the exceptional care and support being provided by their dedicated team.

- The person's case manager told us, "Libertatem have been a fantastic service for [person]. The carers [staff] are committed, highly skilled and experienced, clinically focused and client centred. The quality of care [person] receives is gold standard. As a result of this we have successfully been able to move them from a residential neurological unit back home. Many [MDT professionals] said it would not happen given their complex care needs but the quality of care provided has meant this has happened. Libertatem [staff] transitioned with [person] back into the community which gave the staff at their previous residential setting enough confidence to agree a discharge. Their respiratory function is the best it's been in years due to the daily interventions received. They are also experiencing significantly less episodes of chest infection as a result."
- There was a proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge was integral to ensuring the highest-quality care and support. For example, the clinical nurse managers were all supported with their continued professional development. One regional clinical nurse lead told us, "I've personally been encouraged by [registered manager/clinical director] and funded to complete my degree, as this was a goal I've had for many years, which was only possible because of support from senior management and from my colleagues. Staff, including the managing director, recently appointed head of operations, senior care coordinators and recruitment manager, consistently praised the provider for supporting their personal development."
- Overwhelmingly positive feedback highlighted staff were supported and valued in their roles. The provider promoted a career pathway which supported their ongoing development. This pathway aimed to acknowledge the invaluable contribution of staff, with the aim of longer-term retention of staff.
- People were supported by staff who had received relevant, high quality training in evidence-based practice, in the wide range of strengths and impairments people had. This included, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- The regional clinical nurse leads operated an effective competency framework to ensure staff delivered care in line with their training. Professionals consistently told us staff were trained to deliver care tailored to meet individual needs and not just in specific skills and techniques. This ensured a high standard of personalised care. For example, one professional told us, "The care team are well led by a clinical team who are highly experienced within complex care. The approach implemented is informed by research. All care staff completed extensive competency training of the highest standard which is then reviewed regularly."
- Staff received effective support from the management team in the form of continual supervision, appraisal and recognition of good practice. Staff were able to explain how their training and personal development related to the people they supported.
- Staff underwent an induction programme which included periods getting to know the person and shadowing an experienced colleague. Staff told us their training had fully prepared them to meet people's complex needs.

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

- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy, balanced diet. Staff promoted people's independence by encouraging and supporting them to participate in preparing some of their own meals.
- Staff supported people to make healthy choices about what they ate and drank to improve their diet, which had a positive impact on people's lives.
- Staff could tell us about the unique needs of each individual and the support they required to maintain

their health, for example; those who required support to choose healthier options.

- Dieticians and other healthcare professionals told us they had been impressed by the way staff followed their guidance. For example, one professional told us, "The support team have particularly excelled in supporting [person] to participate in meal preparation and choices ensuring their nutritional and hydration needs are met in a sensitive manner, without drawing attention to it."

Supporting people to live healthier lives, access healthcare services and support

- Where people had complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Whilst the service operated on a nationwide basis, the clinical nursing manager and regional clinical leads had developed excellent links with health and social care services, case managers and relevant health and social care professionals.
- The regional clinical nurse leads within the service actively supported staff to make sure people consistently experienced exceptional healthcare outcomes leading to improved quality of life.
- Staff worked well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made referrals and liaised with other healthcare professionals when the need arose.
- People's care plans contained detailed information about their healthcare needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers. Staff were able to explain how they supported people to engage with healthcare professionals.

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

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

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

- The service was working within the principles of the MCA. Capacity assessments considered specific decisions people needed to make about their care and treatment and detailed how decisions about capacity had been made.
- Staff were skilled in how to obtain people's consent for care and treatment, involving them in related decisions and assessing capacity when needed. Where decisions were required in peoples' best interests, these included the least restrictive options for people, involved those people important to them and considered any relevant past or present wishes.
- Staff respected the rights of people with capacity to refuse their medicines, whilst exploring their understanding of the potential consequences if they did not take their prescribed medicines. Staff ensured that people with capacity gave their consent to take their prescribed medicines and other aspects of their care.

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. At this inspection the rating 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

- The service had a strong culture committed to deliver person-centred care. Staff were highly motivated and worked well as a team to uphold high standards of quality.
- People experienced caring relationships where staff consistently treated them with kindness and compassion in their day-to-day care. This is reflected in the feedback from people who use the service, their families and professionals. For example, staff who supported a person who was struggling with mental health issues, contacted their favourite singer to obtain a signed photograph. The singer sent the person a personally recorded video message, which cheered them up immensely and had a significant impact on their mental well-being. The person and their partner said it was the kindest thing anyone could have given them.
- People felt valued by staff who showed genuine interest in their well-being, quality of life, with whom they had developed a special bond. One person told us, "They are so kind and patient. They go at my pace."
- Staff provided care in good humour and engaged people in friendly, meaningful conversations, which made people valued. Family members, care managers and visiting health and social care professionals described the provision of support by staff to be very caring and compassionate.
- The management team recruited and allocated care staff to people with shared interests to enable them to build trusting and caring relationships and promote effective continuity and consistency of care. People were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated.
- Professionals and relatives told us that people's complex needs and behaviours were supported by staff who were alert and responded promptly to emotional communication, frustration and signs of distress.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.
- Staff had completed equality and diversity training and knew how to support people's emotional and spiritual wellbeing.

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

- People were enabled to make choices for themselves by staff who ensured they had the information they needed. Staff supported people to express their views and were given time to listen, process information and respond.
- People, relatives and case managers told us people's wishes were at the centre of their care planning and they were fully involved in decisions about all aspects of their care and support. People and relatives played an integral role in the staff selection process, which had instilled confidence in the service.
- Staff used appropriate communication methods to enable people to be involved in planning and

reviewing their care.

- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support.
- People could make decisions about all aspects of their care and their choices were respected by staff. Care plans were developed with people, their relatives, where appropriate, relevant professionals and from the staff team knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives were assured they were accurate and reflected people's current needs and preferences. Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the service culture so people and staff felt respected, listened to, and influential in the development of their care.
- The provider's ethos was to promote people's independence, to enable them to live an enriched life and achieve their full potential.
- Staff delivered person-centred care, which ensured people experienced privacy, dignity, choice and independence.
- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed lifestyle plans which identified target goals, aspirations and supported people to achieve greater confidence and independence. For example, through attending college and work placements. People and relatives spoke passionately about the commitment of staff to promote their independence and achieve their goals.
- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted. People consistently told us staff encouraged them to be as independent as they could be.
- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Exceptional, innovative care planning has enabled the service to consistently achieve remarkable outcomes, where traditional arrangements have failed. For example, supporting people with extremely complex needs in their own homes, rather than residential nurse-led environments.
- People, families, healthcare professionals and case managers told us the service was focused on providing person-centred care and support, which consistently achieved extraordinary life changing outcomes for people. For example, one case manager praised the service for making a person's dream come true, to return to their home after nine years living in a care home. The occupational therapist and rehabilitation specialist told us, "The carers [staff] are extremely well trained, willing to learn and very responsive. They [staff] have been supporting [person's] transition with care, compassion and provided motivation. [Person] is improving all the time due to the dedication of the care team. I set weekly goals and they assist [person] to achieve these and they [staff] send us a weekly update. Their [provider] communication with the MDT is excellent, they raise any issues quickly and professionally."
- The provider supported many people who were rehabilitating after traumatic spinal cord and acquired brain injuries, as well as other complex needs. As a result, the service supported people in independent living trials, where the desired outcome is for the person to return home and become more independent, leading to a reduction in the amount of care and support they require. Taking on such complex packages has enabled the service to develop strong relationships with case managers, people's deputies and advocates, and litigation teams nationally.
- People using the service and their families told us they were supported to take the lead in the recruitment of staff and had a major influence on the outcome. For example, one relative told us "This is by far the best agency [service] we have ever used for [person]. I think it starts from the recruitment, we handpicked them [staff] and they are excellent."
- The registered manager and managing director adopted a thorough approach to planning and coordinating people's move to and from other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- Professionals consistently reported the provider's recruitment process was outstanding, which instilled confidence from the outset. For example, one case manager told us, "The amount of meet and greets [person] had was impressive, and the feedback from [person's] family was that they felt the care team were being built around [person], which is all they have ever wanted" and "The transition was carefully planned to ensure [person] was safe. I was included in any meetings with the care team so I could handover and provide vital information, staff were also encouraged to ask the family questions on shift to enable them to get to know [person] better." Meet and greet was the term used to describe multiple meetings to ascertain

whether people were happy to be supported by prospective staff, before any care was delivered.

- We reviewed multiple independent living trials where people experienced outstanding outcomes. For example, one person had an acquired brain injury with associated behavioural issues, including alcohol and substance abuse. Prior to the service being commissioned, the person refused to leave their flat and was at risk of becoming socially isolated. The case manager told us, "The support worker used their outstanding skills in risk management and communication to engage with [person] and encouraged them to access the community and engage in leisure activities, enriching the quality of their life." Staff have also played an integral role in supporting the person to successfully engage with drug and alcohol services.
- The service achieved another successful outcome for a young person who experienced extreme anxieties. Staff effectively engaged with the person, gaining their trust and reducing their anxieties and frustrations, which enabled them to support their transition from a secure hospital into the community. The case manager told us, "Libertatem [provider] were able to recruit, train and retain an outstanding team of support workers, who have given the young person the best possible opportunity of continuing to reside in the community and live a fulfilling life, rather than a locked environment."
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessments and support plans. For example, staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People and relatives told us that staff spent time exploring people's goals to ensure they were meaningful and how they could be achieved.
- People consistently experienced high quality person-centred care, which had significantly reduced the level of anxieties they experienced, and incidence of self-injurious behaviour. This had enabled people to access the community and take part in stimulating activities, which had enriched the quality of their lives.
- People and relatives were fully involved in the planning of people's care and support. They consistently told us staff were passionate about enabling people to have as much choice and control of their lives as possible.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service developed.

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.

- Staff went the extra mile to address people's needs in relation to protected equality characteristics and have taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. For example, whilst supporting a person who experienced a traumatic brain injury, with associated paralysis, neuropathic pains, increased sensitivity to touch and bright lights, seizures and dysarthria and dysphagia. Dysarthria is difficulty speaking caused by brain damage, which results in an inability to control the muscles used in speech. Dysphagia is difficulty swallowing, which can be a symptom of dysarthria. The person also received nutrition, hydration and medicines via PEG. The person was initially supported in a rehabilitation centre with a lack of consistent staff who found it difficult to manage their pain and anxieties, as they struggled to understand what the person was saying. The provider appointed a dedicated support worker who began to support the person in the rehabilitation unit. The support worker began to work closely alongside the specialists at the

rehabilitation unit and became very attuned to the person's speech and methods of communication. This enabled them to understand the person and communicate their needs and worries to other staff, which helped them in turn to get to know the person.

- During the pandemic, which caused a suspension of a plan to rehabilitate the person at home, family members derived great comfort knowing the dedicated staff member was still supporting their loved one. In April 2021 the person was discharged to continue their rehabilitation at home, where the support worker and other dedicated staff provided emotional support and reassurance to the person and the family as they rebuilt their individual relationships. The stability and continuity of the staff allied to the high standards of care, nurtured trust and respect between the person, family members and staff. The person is now able to express their own thoughts, needs and wishes verbally, with a louder more confident voice and articulation of words that make it easy for them to be understood. The PEG is now only used for medicine in the morning when the person is still a little sleepy and their swallow, as they describe it, "hasn't quite woken up yet." The person is learning to eat lots of different foods and flavours again and their next goal is to try pizza. Their pain levels have reduced as they are now able to articulate to the team when they are in pain, where it is and they are able to help her adjust their own position or take prescribed pain relief. The person no longer vocalises for no reason, as the team reassure the person that they are there and attend to their needs immediately.
- The recruitment team were praised by a case manager for successfully recruiting and retaining a team of Turkish speaking staff to support a person who did not speak English. This meant that the person can understand their support workers and has formed special bonds with the team. This person is no longer socially isolated, feeling lonely or misunderstood. This has improved the quality of the person's life and had a significant impact on their mental health and wellbeing.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, there were comprehensive descriptions about how people appeared when they were happy or unhappy, together with information about how to support them.
- Staff had good awareness, skills and understanding of people's individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and professionals consistently told us that developing, maintaining and reconnecting personal relationships, after enforced separations caused by traumatic events was a particular strength of the service. For example, providing sensitive support to enable people to re-establish intimate relationships.
- Staff effectively supported people during independent living trials to achieve their desired outcomes. For example, the service undertook to support a person who lived with extreme anxieties surrounding decision making and planning subsequent to an acquired brain injury. The person required support to achieve their goal of living as independently as possible, working in a job and living in environments which did not escalate their anxieties. The person was appointed a dedicated team who had completed recognised acquired brain injury training and received bespoke guidance from MDT clinicians to ensure the team were consistent in the way support was delivered, promoting the person's confidence and independence. Staff have successfully supported the person to achieve their ambitions and reduced their incidence of anxieties to such an extent that their required level of support has been reduced by almost 75 per cent.
- People were encouraged and motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis.

Improving care quality in response to complaints or concerns

- People and their representatives were provided with a copy of the complaint's procedure, which was available in an easy read format. People's relatives and representatives were aware of the provider's

complaints process and knew how to use it.

- People knew how to complain and were confident the management team would listen and take appropriate action if they raised concerns.
- The service had received one formal complaint in the previous year, which had been dealt with to the satisfaction of the person using the service, their representative and the local safeguarding authority.
- The registered manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, which they shared with staff.
- The registered manager used feedback to drive improvements in the service. People, their representatives and professionals told us the registered manager worked hard to improve the quality of people's lives.

End of life care and support

- No people were receiving end of life care at the time of inspection.
- When people had died, they were supported at the end of their life to experience a comfortable, dignified and pain free death, which respected their wishes.
- We reviewed the circumstances of one person who had passed away whilst being supported by the service. A vulnerable person who had experienced a spinal injury was supported at home with a tracheostomy and ventilator. Staff had developed in depth knowledge of the person and respected their wish to be treated at home, which had prevented many unrequired hospital admissions whilst they administered antibiotics to treat infections. When the person became critically unwell, staff continued to support the person in hospital, ensuring they were not alone, receiving care they were accustomed to, from people they knew until their final moments.
- People's end of life wishes were sensitively considered and their plans explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- Some people told staff they did not wish to discuss their end of life wishes, which staff respected.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating 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

- People, relatives and professionals described the service as well managed and very organised and told us that the management and coordination team were very approachable and readily available at any time if people wished to discuss anything.
- The management team promoted a strong caring, person-centred culture in the service where people and staff felt valued. People, relatives and professionals described the registered manager to be conscientious and committed to the people being supported by the service, who led by example and provided a good role model for staff. For example, one case manager said, "Libertatem [provider] appear to be well-led and all team members understand their roles, whilst working as a team. They are clearly passionate about working to a common goal of delivering a person-centred programme of support that is high quality, but are also committed to the work it takes to achieve this. My experience to date is they are open and transparent and promote a culture of learning to ensure the people's needs are met.
- The registered manager and staff team consistently demonstrated a unified, collective responsibility for promoting people's wellbeing, safety, and security. The registered manager had inspired and developed a 'total team approach'. Staff strongly felt the way they had followed and embraced the registered manager's vision and strategy had played a major part in the continual improvement in the service, which was readily acknowledged and recognised by the provider.
- Staff consistently told us the registered manager was an inspirational leader. For example, one staff member told us, "I've never worked with a better clinical boss than [registered manager]." Another staff member told us, "[Registered manager] has created a clinical team that truly work as a team and go above and beyond to support each other. We all have the opportunity to input our views and experience to update and improve documentation, systems and processes. If something is missing it is promptly addressed and put in place, if something hasn't worked it's modified."
- Staff were passionate about what they did and placed people at the heart of the service. Staff understood and clearly demonstrated the caring values and ethos of the provider.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the service.

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's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. The registered manager assumed full responsibility when concerns had been

raised or mistakes had been made.

- The registered manager understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.

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

- There were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, and staff assumed clear individual and collective responsibilities relating to this.
- The governance structure ensured there was oversight at each level, with the registered manager, head of operations, clinical team and other designated staff responsible for specific audits. Each review had a clear set of improvement actions with deadline dates which were completed or had a review of progress made.
- There was a strong sense of leadership from the registered manager and the senior team which set the standards for all staff. The registered manager and management team were highly visible and had a clear oversight of the safety and quality of care delivered within the service.
- The management team often worked alongside staff and monitored the quality of their care in practice. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- The regional clinical leads engaged in meaningful conversations with people and staff. This enabled them to seek people's views on a regular basis and involve people in any changes. The managing director told us whilst they had plans to expand, they would not compromise on the quality of care being provided by the service.
- People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the registered manager and staff.

Continuous learning and improving care

- The registered manager had developed systems to effectively monitor and improve the service. This meant that people's care was consistently responsive to their needs and people were being supported in a way that was safe and personalised to them.
- The registered manager and clinical nurse manager had developed a therapy competency document, which outlined the specific skills and knowledge that a support worker required, to ensure they had the required expertise to respond to the needs of a person in a safe and effective manner.

Working in partnership with others

- The service worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.

- The registered manager maintained positive working relationships with others, and we received consistently positive feedback from other healthcare professionals involved. For example, one professional told us, "The Libertatem management team are very responsive in their ability to communicate and problem solve in partnership with the multidisciplinary team and family. They also attend multi-disciplinary team meetings and goal planning meetings so they are aware of the wider therapeutic goals that their support teams will be required to participate in with people which is then filtered down and included in the care planning process."
- Commissioners of people's care consistently praised the responsive, flexible service provided by the service, particularly to support the discharge people with complex needs into the community.