

Liberty Support Services Limited

Liberty Support - Midlands

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Liberty Support (West Midlands) provides personal care in supported living settings. At the time of the inspection they were supporting 16 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.

The service has 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 autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from abuse and had risks to their safety assessed and plans in place to mitigate them. People received their medicines as prescribed. Staff followed infection control procedures and there were processes in place to learn when things went wrong. There were enough safely-recruited staff to support people.

People had their needs assessed and plans in place to meet them. Staff were trained and people received coordinated and consistent support. People were supported to maintain their health and wellbeing. People were supported to be as independent as possible in relation to their food and drink choices and preparation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from caring staff. Staff knew people well and people were supported to make their own decisions. People received responsive care which was personalised to meet their needs. People were supported to maintain their interests. People understood how to make a complaint. People were supported to communicate and access information in a way that suited them. No one was receiving end of life care, however work was ongoing by the provider to ensure people's wishes were planned for.

People, relatives and staff were positive about the service and the approach of the registered manager. There were systems in place to check the quality of the service and the service worked in partnership and

had a learning culture.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 6 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in a number of '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 had a manager registered with the Care Quality Commission. 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

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

Inspection activity started on 18 November 2019 and ended on 25 November 2019. We visited the office location on 21 November 2019.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, positive behaviour specialist, team leaders and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including audits and training records were reviewed.

After the inspection

We continued to seek feedback about the service and clarification from the provider to validate evidence found. We looked at medicine records and spoke with professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safeguarded from abuse. People told us they felt safe where they were living and with the support from staff.
- Staff were trained in how to recognise abuse and could describe the actions they would take if they had any concerns. One member of staff told us, "I would report concerns straight away to my manager."
- Where concerns had been raised, the registered manager had reported these to the relevant local authority where required.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to meet them. Staff could describe the key risks for people and the plans which were in place to keep people safe.
- Staff understood how to implement people's positive behaviour plans which meant they could support people to avoid things which may trigger behaviours that may challenge and actively worked with people to prevent anxiety.
- Where people were at risk of falls or due to their mobility there were clear plans in place which staff followed to keep people safe.

Staffing and recruitment

- People were supported by enough staff to meet their needs. People told us they always had access to support from staff when they needed it.
- Most people received elements of one to one support and shared support with others living in the same property. Staff confirmed there was always enough staff to ensure people had the support hours they received.
- The registered manager told us they worked with commissioners to ensure people had the support hours they needed. The registered manager confirmed there had been no changes to their recruitment practice and newly appointed staff continued to be checked for their suitability to work with vulnerable people.

Using medicines safely

- People received support to receive their medicines safely. People told us they had help from staff to ensure they took their medicines as prescribed.
- Staff continued to support people safely with their medicines. Staff confirmed they received regular updates to their training and could demonstrate a good knowledge of the medicine procedures.
- People had their needs for medicines assessed and plans were put in place to guide staff on how to administer medicines safely. Medicine Administration Records (MAR) were in place and accurately

completed.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff had received training in how to prevent the spread of infection.
- The registered manager told us staff followed procedures to ensure peoples' living environments were clean and had access to personal protective equipment (PPE).
- Staff confirmed there was PPE available and demonstrated a knowledge of how to keep people safe through their description of the procedures for example with handwashing and cleaning tasks.

Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong.
- When an incident occurred, this was documented and reviewed. For example, when an incident occurred relating to behaviours that may challenge this was reviewed by the positive behaviour coordinator, staff received a debrief and plans were updated as required.
- Accidents were also reviewed and care plans updated as required and staff were informed using the handover procedure of any learning from the situation.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed and plans put in place to meet them. People told us they were involved in agreeing their care plans. One person told us how they had worked with staff to decide how they would spend their day and the level of support they needed with some tasks.
- Care plans were individual and person-centred. The plans identified what people could do for themselves and how staff could support people to retain and develop their independence. This included needs in relation to oral health care and how people should be supported to maintain good oral hygiene.
- Care plans gave staff the guidance they needed to support people and staff demonstrated a good knowledge of how people should be supported. For example, with managing their money, eating a healthy diet and specific health conditions.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff. Staff confirmed they had access to an induction and regular updates to their training.
- The registered manager told us they had, as a company, increased the frequency of some training to ensure staff had more frequent updates.
- Specific training was in place for staff who offered specific support to people. For example, the positive behaviour coordinator told us they offered bespoke and specific training to staff groups working with individuals to ensure this was modelled around the people they were supporting.

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

- People were supported to maintain a healthy balanced diet. People told us they had a choice of meals and drinks. Some people told us they were supported to maintain their independence by helping with meal preparation.
- Where people had risks associated with food and drinks these had been assessed and plans put in place to mitigate the risks. For example, where there was a risk of choking there was clear guidance in place from the speech and language therapy team which had been incorporated into peoples' care plans.
- Staff demonstrated they understood how to meet peoples' needs and preferences. For example, one staff member was able to describe in detail how one person's dietary needs were met considering their cultural and religious beliefs.

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

- People received consistent support. People told us they had a regular staff team that was in place to support them. Staff confirmed they offered support to the same people and had built up a rapport.

- There were clear systems in place to ensure continuity of care such as handover documents and the communication systems for staff at shift changes.
- Where other professionals were involved in people's care there were systems in place to ensure clear changes

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

- People had a specific health action plan in place which assessed their needs in relation to their health and wellbeing. The plan guided staff on how to ensure people were supported to maintain their health.
- The health action plan took account of people's health needs. For example, there were specific plans in place to ensure regular checks were carried out. For example, checks at the dentist and optician were carried out on a regular basis.
- People were supported to attend appointments to see health professionals and advice was incorporated into people's care plans. For example, people had been supported to attend hospital appointment for screening tests, see a dentist and an optician.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected. Staff understood the principles of the MCA and applied these when supporting people.
- People were asked for consent to their care. Where people could not consent to their care the MCA was followed and decisions were made in their best interests.
- Where a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. People told us they got on well with the staff and they were happy. One person said, "I get on really well with all the staff, I know who my keyworker is and they support me."
- Staff knew people well and spoke about their individual needs and preferences. Staff could describe how this knowledge helped them to support people in their preferred way.
- Care plans gave staff clear information about people's preferences including around their culture, religion and sexuality. Staff could describe how they used this information and got to know what people liked and how to support them.

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

- People were supported to express their views and make decisions about their care and support. One person told us, "The staff support me to get out and about, I can choose where we go and what we do." One person described being able to choose to do nothing and take time to watch a film if they wanted.
- Staff were able to give examples of how they supported people to make decisions and care plans provided guidance. Staff used the information in people's care plans to guide how people should be involved in their care. Staff enabled people to make choices about their day including where to go, what to eat and what to wear.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy maintained and were supported to be independent. One person told us, "The staff give me motivation to do things". The person went on to explain how staff encouraged them to maintain a budget for the home, do shopping and keep their home clean.
- Staff could give examples of how they supported people to maintain their independence such as encouraging people to maintain their home, cook their own meals and make decisions about how they spent their time.
- Care plans were in place which guided staff on how to maintain and encourage independence. The registered manager told us how active participation was encouraged with people's care. For example, one person had become independent with making purchases in shops which was important for them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which was detailed and responsive to their needs. People told us staff were responsive and they were involved in deciding what was included in their care plan.
- Staff understood people's preferences and used the knowledge they had about people to support people responsively.
- Care plans included information about their life history, how people liked to be supported and important relationships in people's life. There were gender specific care plans to support people with gender specific needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standards. The registered manager told us and we saw communication plans were in place which were tailored to individual needs and staff received training to support people with effective communication. Easy read documents were in place showing the statement of purpose and the safeguarding policy.
- Peoples communication needs were assessed and plans put in place to meet them. Staff could describe how they used the plans to ensure people could communicate about their needs.
- One person used gestures to express themselves, this was documented in the care plan explaining to staff what people were expressing with different gestures and staff confirmed this was used. Other people were supported with individualised plans using Makaton and equipment such as iPads to communicate.

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 were supported to maintain relationships and have an active social life following their interests. One person told us, "We go out to the pub and have lunch, we go shopping whatever I want to do." Another person told us, "We plan something for every afternoon, I get all the jobs done in the morning then go out and have some fun."
- Staff told us they worked with people to try different activities and go to different places depending on what they liked to do. Staff gave examples of supporting people with going swimming, bowling and out to meet friends.
- Care plans documented what people liked to do and there were plans in place which showed how people

would like to spend their time. Care plans documented important relationships and how staff should support people to maintain these.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. People told us they could say when things were wrong and explained they would speak to the registered manager.
- There was an easy read document for people showing them how they could make a complaint.
- We saw where complaints had been made these were documented, investigated and responded to by the registered manager.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- People were encouraged to consider their future wishes where this was appropriate and staff understood how to support people at the end of their life.
- The registered manager told us they had not documented people's future wishes for end of life care but this was planned. We will check this at our next inspection.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager promoted a person-centred culture. People, relatives and staff all spoke highly of the registered manager and the way the service was run.
- The management arrangements in place ensured people were supported effectively and staff received the support they needed to carry out their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and acted on this.
- Incidents were shared with the appropriate people in an open and transparent way.

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

- The manager had systems in place to check on the quality of the care people received. For example, audits and spot checks were carried out on a regular basis to ensure people had their needs met.
- Checks were carried out on health and safety, medicines administration and people's finances.
- Where issues were identified actions were taken. For example, where gaps had been identified on a MAR chart the issue had been investigated and staff had received additional training to address this and prevent it from happening again.

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

- People were involved in the service. People told us they had regular conversations with staff about their care and support.
- Staff were engaged in regular discussions about the service and told us they felt able to influence change. Staff received regular support from the team leaders in their role.

Continuous learning and improving care

- The provider continually sought ways to make improvements to the service.
- There were plans in place to introduce a system which would enable electronic recording of the care people had received and updates to people's care records.

- There were also plans to recruit additional specialists into the provider, such as a speech and language therapist to provide support to people using the service.

Working in partnership with others

- The provider worked in partnership with a range of other professionals. This included housing providers, health professionals and commissioners of services.
- We received positive feedback from professionals about the partnership working. For example, one professional said, "Liberty has worked collaboratively with the authority and its partners to ensure a smooth and seamless transition. This involved robust person-centred assessments and support planning enabling people to move into their new community setting".