

Liberty Choice (Southern) Limited

Liberty Choice Southern Ltd

Inspection report

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Date of inspection visit:
14 June 2022
29 June 2022

Date of publication:
17 August 2022

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 Choice Southern Limited is a domiciliary care service providing care and support to people in their own homes. 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. At the time of our inspection there were 22 people receiving personal care.

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

People told us they were very happy with the care from Liberty Choice. People told us the staff were "lovely," and "amazing," and caring". People were safe from abuse or harm and told us they felt safe. There were enough staff on duty to provide care to people safely. The provider had systems in place to ensure only suitable staff were employed. Some people received support with their medicines and this was done in a safe way by staff who were trained and competent. The provider had robust systems in place to manage any risks to people, including risks of falls, mental health and from Covid 19 and other infections.

Staff received regular training, support and supervision to support them in their roles. Staff helped people with their healthcare needs when required. Everyone receiving care had the mental capacity to make decisions. However, systems were in place to monitor this and ensure, if necessary, that staff supported people in their best interests and in the least restrictive way possible.

People told us they were treated with respect, dignity and kindness. People were involved in decisions about their care, and in regular reviews, to ensure their care remained appropriate. Most people told us they knew the registered manager and office staff and would feel able to raise any concerns if they needed to.

The provider had robust systems in place to monitor the quality and safety of the service and take actions to improve where issues were identified. They understood their responsibilities under the Health and Social Care legislation. The registered manager and staff worked in partnership with other agencies to ensure people received holistic care in a timely way.

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

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Liberty Choice Southern Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

Inspection activity started on 14 June 2022 and ended on 8 July 2022. We visited the location's office on 14 and 29 June 2022.

What we did before the inspection

We reviewed information we held about the service including any notifications. These are events the provider is required by law to tell us about. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and two staff. We reviewed staff rotas and recruitment and training records for four staff. We reviewed four people's care records and medicines records and other records relating to the management of the service. Our expert by experience spoke with four people and six relatives.

After the inspection

We continued to review and validate evidence we had been sent electronically. We spoke with two staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "They always make me feel safe because they're quite supportive," and "There are always two of them that use the hoist." Most relatives said they thought their family members were safe, for example, "They don't do anything that puts [my family member] at risk." Another relative told us, "There isn't a single one [carer] I've felt uncomfortable with in the house. I feel I can trust them if I go out." Two relatives told us they felt more assured when carers knew their family members well.
- The provider had policies in place which provided guidance for staff in how to identify and raise any concerns.
- Staff told us they had received training in safeguarding adults, and we saw up to date training certificates which confirmed this.
- The registered manager understood their responsibilities to safeguard people. They gave an example of a safeguarding concern and described the actions they had taken, including reporting their concerns to the local authority.

Assessing risk, safety monitoring and management

- The provider had systems in place for assessing and managing individual risks to people and staff understood their role in these, including skin integrity, choking, falls or other health risks. For example, there were risks associated with one person's feeding tube. Staff had concerns about the person's safety during one of the procedures relating to cleaning the tube and contacted the nutritionist who reviewed and revised the procedure.
- Environmental risk assessments were completed at each person's home so that staff would be aware of any actions they needed to take to keep themselves safe. This included whether there were any risks from, for example, fire safety, rugs or cookers or whether there were any animals present.

Staffing and recruitment

- The provider had followed safe recruitment practices such as requiring an application form with an employment history, proof of identity, including an address and photograph, attending an interview and providing references. We noted one of the applicants had not provided a full employment history and this was addressed during the inspection. The registered manager told us they would ensure the application

form template was updated to request a full history. Disclosure and Barring Service (DBS) checks had been carried out before staff were allowed to start in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff worked flexible hours to meet people's care and support needs. The registered manager understood the importance of personal choice and tried to ensure visits were at people's preferred times. They had occasionally turned down new packages of care if they could not provide visits at times which were important to people.
- The electronic rota system enabled office staff to monitor where care staff were at any time during the day and they would call people if staff had been delayed.
- We received some mixed feedback from people about staff punctuality and we discussed this with the registered manager. They told us they would write to people to confirm call times.

Using medicines safely

- People received varying degrees of support with taking their medicines. For example, some people required staff to give them their medicines and one person required a phone call to prompt them to take their medicines.
- Staff had been trained in medicines administration and were observed to ensure they remained competent.
- An electronic record was kept of medicines given. We noted this was not always up to date. The registered manager told us there had been a problem with the handheld devices not synchronising with the main system and this was being addressed. In the meantime, manual checks were taking place.

Preventing and controlling infection

- The provider had systems in place to monitor and manage the prevention of infection. Staff had access to ample supplies of PPE and people told us staff always wore this when visiting them. Measures had been put in place at the office to support good hand hygiene, social distancing and screening.
- The provider had an up to date policy on infection prevention and control and Covid 19 which was available for staff for reference and learning. A business continuity plan provided guidance for staff in the event of certain situations, such as staff shortages due to Covid 19.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor when things had not gone to plan. For example, there had been problems with a software package, which was proving hard to address so the registered manager had sourced another company to provide the service. The registered manager was open and transparent when we raised some minor issues. They told us they were always willing to improve and started to address these during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had robust systems in place for assessing people's needs before agreeing to provide their package of care. This included reviewing the initial assessment when they were referred, as well as meeting the person. The registered manager told us they always completed their own assessment too as they needed to know the information was correct and up to date. This was confirmed by a relative told us, "Liberty Choice came in at short notice so it was discussed with the person who came here."
- Assessments covered, for example, people's communication, personal care, mobility and nutritional needs. Care plans were then developed in line with people's assessed needs, their preferences and wishes. We noted people had been involved in developing these and had agreed and signed their care plans.
- People were happy with the support they received from staff. One relative said, "[Carer] does help with personal care. [My family member] would ask her if she could help him if he needs it. They've got such a good relationship and he knows her so well that he feels comfortable with her doing anything for him."

Staff support: induction, training, skills and experience

- Staff received an induction which included going out with experienced staff to shadow shifts. Where staff were new to care they completed The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The length of induction varied, and staff were observed and able to say when they felt confident to work alone.
- Staff completed on-going training, for example, infection, prevention and control, basic life support, health and safety, food safety and moving and handling. Other specialist training was completed which ensured staff had additional skills to support people's specific health conditions, such as training to use a percutaneous endoscopic gastrostomy (PEG). This is where a person received their nutrition and fluids through a tube directly into their stomach.
- The registered manager told us they were in the process of changing their training provider and said there would be more opportunities to do extra courses, for example, moisture sores, learning disability, autism and diabetes. They told us, "I've done a couple of them already. They seem better, more scenario based, much better."

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

- Some people were independent and didn't need any help with their eating and drinking, while others did. Relatives told us staff gave assistance appropriately. For example, one relative said, "If I go out when someone is here, I leave lunch and they give it to [my family member]. They feed him. There's a routine to him being fed and they understand that." Another relative said, "Carers touch [my family member's] lip with the spoon so he knows it's there. They prompt him so he knows the food is there. It's getting used to him and tuned into him and I think they've all done that." Other comments included, "There's always a glass of squash with him. If he drinks it [carer] will replenish it and she usually gives him a biscuit" and "[Carer] helps me to try and get fluid into him."
- Staff told us most people were quite independent with eating and just needed a little bit of support. For example, some people bought ready meals which staff heated up, or prepared sandwiches. One staff member said, "They [people] may not be aware around the heatwave so we encourage more fluids to keep them hydrated."

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

- Some people managed their own health care. However, where they needed support, staff raised any health concerns with relatives or the office and appropriate advice or treatment was sought, for example from GP or district nurses. One person had a (PEG). Staff had received training and guidance from a district nurse in how to safely manage and clean the PEG tube and site. Staff had also raised concerns with a nutritionist about the amount of fluids the person was taking. This was reviewed and amended.

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

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

- At the time of the inspection, people all had the mental capacity to make decisions for themselves. The registered manager understood their responsibilities to ensure people's rights were protected. There were systems and processes in place to ensure the provider worked within the principles of the Mental Capacity Act should this be required.
- Relatives told us staff always asked for consent before providing care. One relative said, "Yes, they do [ask for permission]. I've been there a couple of times. It's total respect." Another relative told us, "Sometimes [my family member] will say no. [Carer] will try to persuade him but he is able to refuse."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People told us they were very happy with the staff who supported them. Comments included, "They [staff] are definitely caring and kind. First class," and "I really think they are lovely and I would hate to lose them," and "They [staff] have a heart of gold. We've created a very good bond. They're an amazing care team." A relative told us, "It's the respect each member of staff has with her. It is the respect and the care. It all seems to work reasonably well."
- Staff knew people well and understood their individual needs and circumstances. Staff were able to tell us about people they supported and how making a difference to people was important to them. One staff member told us, "Quite a number of people have family living nearby but we do see people who don't have visitors." They went on to explain about one person who shared their love of animals and that they would sit and chat and look at photos of animals together.
- Care plans reflected people's cultural and religious needs as well as their personal preferences, likes and wishes. For example, one relative told us, "It's always better that you have a regular person you interact well with. They get to know your ways and routines."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff always respected their privacy and treated them with dignity. One relative told us, "[My family member] had a couple of male carers and I was very impressed with the way towels were held with dignity." Other relatives confirmed that doors and curtains were closed when staff were providing personal care. A staff member told us how they tried to help people keep fresh and cool in the heatwave by offering them a body wash before going to bed in the evening.
- Staff supported people to maintain their independence as much as possible. One person told us, "They [carers] help me to make decisions for myself. They push me towards making my own decisions and being independent in my choices but can offer help when needed." A relative told us, "[Carer] will let him do what he can do. She is led by him as to what he can and can't do."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People were involved in the initial assessment and planning of their care. Where equipment was needed, for example a walking frame, guidance was given to staff in how to support the person to use this.
- Staff told us they had hand-held electronic devices so they always had access to people's care plans even when they were out on their visits. One staff member told us, "In our app there is a care plan underneath every client [person]. There is a plan we use as a guide of what we need to do at each visit. We tick off when we've finished. We try to encourage them [people]. If they say no to a shower I'll ask again later. If not, I'll try again tomorrow."
- People had scheduled reviews of their care which gave them formal opportunities to say if they were happy with their care or if they wanted anything changed. Urgent changes could be made to people's care if their needs changed. For example, loss of mobility. Staff confirmed they raised any concerns about people's changing needs, when identified, with the office so that appropriate action could be taken to update their care plans, increase their support or refer on to appropriate health and care professionals for advice or intervention.
- The registered manager told us they tried hard to ensure visit times were scheduled in line with people's preferences. One person's review form stated, 'Approximately two weeks into care it became apparent that the time previously agreed with [name] was too early in the morning. After moving rotas around we're able to accommodate [name] with a new routine.'

Meeting people's communication needs

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

- People had mental capacity and care plans indicated they did not need any significant support with their communication. Staff knew about people's communication needs and told us they would slow down or make sure they spoke clearly if required. For example, one person was hard of hearing and this was confirmed in their care plan, which stated staff should speak slowly and clearly.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, and this was available to people in their statement of purpose document which people were given when they started to receive care.
- People were aware of their right to make a complaint and said they would ring the office if they needed to raise any concerns. Two people told us they had raised concerns. One person said, "It was a timing issue. It was a miscommunication about timings. They were on top of it and very apologetic as well." Another person said they had not been happy with an aspect of their family member's care. They said, "There was one lady I spoke to and she did take on board the things I had to say. As far as I know things are running smoothly at the moment."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a very open and positive culture within the service. People were supported in a person-centred way which helped them to maintain their independence and empowered them to make choices. The provider had received a number of compliments from people and their relatives. One relative said, "It is very encouraging to hear he is now sleeping in his bed and accepting care/support. Thank you to your team for all their efforts." Another relative said, "Special thanks to [carer] for her diligence and for helping out yesterday, also to [second carer] for her proactiveness and care."
- The registered manager provided opportunities to involve people, relatives and staff and sought feedback from them so they could contribute to service improvements. They told us before Covid 19 they had sent out surveys but had more recently done this through telephone surveys and reviews. One person said, "I did speak to someone a while ago. ... If I was still happy? Is it still working for me?" However, two relatives told us they had not yet been asked for feedback or had a review but thought this could be because they hadn't been receiving care very long.
- Most people and relatives told us they would recommend the service. Comments included, "Well yes I would," and "Very much so. It's an amazing team," and "I just did recently to a friend."
- Staff felt involved and had opportunities to share ideas at supervision and during general feedback. One staff member told us, "We have a [Social media name] group if we need to talk collectively. We have input, it works well and communication is effective." Another staff member said, "We have a [Social media name] group which only staff can access. It's private. We can post things and [deputy manager] also sends text messages. It is effective."
- Staff told us they were happy working at Liberty Choice. Comments included, "It's the perfect job for me," and "I love it, knowing I make a difference in people's everyday lives and preventing isolation."

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

- The registered manager has systems in place to monitor the performance and quality of the service. For example, electronic records were checked and any outstanding actions were flagged and followed up with

staff.

- The registered manager responded positively and openly to requests for information to support our inspection and understood their responsibilities under the Health and Social Care 2008 (Regulated Activities) Regulations 2014.
- Staff understood their roles and responsibilities very well and knew how to report any concerns to the deputy manager who would identify anything which needed escalating up to the registered manager. Staff told us communication was effective within the team and they felt very well supported. One staff member said, "I can always get hold of them or they'll come back to me. I feel really well supported. I wouldn't stay here if I didn't."
- The provider had a business continuity plan which provided guidance for staff on how to maintain services to people during an emergency. The registered manager told us they had communicated well as a team all the way through the pandemic. They had all been working from home and had to be more aware of data protection as they couldn't be travelling around with paperwork in their cars. Staff were only given access to care plans on their electronic devices shortly before their visits to protect people's electronic data.

Continuous learning and improving care

- The registered manager told us they were always willing to improve the service and received our feedback positively. For example, they said they would re-instate some of the things they had changed during the pandemic such as recording of the management meeting minutes, sending out hard copies of rotas and questionnaires. This had all been done electronically or by telephone during Covid 19.

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

- The registered manager understood their responsibilities under the duty of candour to act in an open and honest way when things went wrong. People told us they felt able to ring the office at any time if they needed to speak to the registered manager.

Working in partnership with others

- The provider worked effectively with other agencies which ensured additional support and advice was available when needed. For example, GPs, district nurses, the pharmacy and local authority.