Liberty Centre Limited

Liberty Centre

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

We carried out an announced inspection of Liberty Centre on 16 January 2018. This service provides care and support to people living in a supported living setting, 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. At the time of the inspection, seven people lived in the supporting living setting who received personal care. The service also provided a domiciliary service and supported two people with personal care in their own homes.

At the last inspection on 15 September 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

During our last inspection, we found that the support plans were not always easy to follow, it was not clear when goals were set and reviews did not always capture changes in people's needs. During this inspection, we found that improvements had been made in this area. Care plans were person centred and included clear information on how to support people. Goals had been set and this had been reviewed regularly and changes in people's needs had been reflected in people's care plans.

Risks had been identified and assessed, which provided information to staff on how to reduce these risks to keep people safe. Medicines were being managed safely. There were sufficient staffing levels to support people. Staff had been trained in safeguarding vulnerable adults and knew how to keep people safe. There was safe recruitment process in place to ensure staff were suitable to support people.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. People had choices during meal times and were supported with meals when required. Assessments had been carried out on people's ability to make certain decisions. People had access to healthcare services. People's needs and choices were being assessed regularly through review meetings to achieve effective outcomes.

People and relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints. People and relatives told us that staff were friendly and caring. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

Staff felt well supported by the management team. Relatives were complimentary about the management of the service. Quality assurance and monitoring systems were in place to make continuous improvements.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service was responsive.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people and relatives were confident with raising concerns if required.

Information on complaints were accessible for people the service supported.

Is the service well-led?

Good

The service remains Good.

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Detailed findings

Background to this inspection

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

The inspection was carried out on 16 January 2018 and was announced. We announced the inspection because we wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider such as the provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We also made contact with health and social professionals that were involved with the service.

During the inspection we visited the providers head office and a supported living site. We spoke with the director, registered manager, quality assurance manager, head of education and communication, a human resources staff, three care staff and two people.

We reviewed documents and records that related to people's care and the management of the service. We reviewed four people's care plans, which included risk assessments, and five staff files, which included supervision records. We looked at other documents such as medicine, training and quality assurance records.

After the inspection, we spoke to two relatives by telephone. One of the relative was of a person who received domiciliary care in their own home.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "I am happy" and another person gave us a thumbs up when we asked if they were safe at the service. A relative told us, "Absolutely, [person] is safe. I can totally trust the service." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and said they would report abuse to the registered manager or the Care Quality Commission (CQC) and local authority.

Risk assessments were carried out and were specific to people's individual needs. For example, there were risk assessments in place for road safety, self-injury and swallowing. The risk assessments provided information to staff about how to lessen risks and keep people safe. For people at risk of demonstrating behaviours that challenged, there was a positive behaviour support plan which provided information on de-escalations techniques that could be used to calm the person. The plan also listed triggers and provided information on how challenging behaviours may be minimised. Staff had also been trained in positive behaviour support. A social care professional told us, "The provider is able to safely and effectively support young people with disabilities. It has excelled with behaviour management in relation to those service users with the most challenging needs related to autism and learning disabilities."

The service was committed to learning from incidents or mistakes to ensure that there was continuous improvement and people using the service remained safe. Incidents were recorded appropriately and these showed the provider took appropriate action following incidents. The registered manager told us that action had been taken to learn from these types of incidents to minimise the risk of re-occurrence.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control. We observed the supported living site was clean and a daily cleaning schedule was in place.

There was enough staff available to meet people's needs at the supported living site and for the domiciliary care service. A relative told us, "They [staff] do over and beyond, totally reliable." Staff told us that they were not rushed in their duties and had time to provide person centred care and talk to people. The staff rota confirmed planned staffing levels were maintained and processes were in place to ensure staff attended domiciliary appointments on time. For example, time sheets were in use and there were procedures for staff to phone the office and inform if they could not make an appointment or were running late.

Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked records of three staff that had been recruited since the last inspection and these showed that relevant pre-employment checks such as DBS (Disclosure and Barring Service) criminal record checks, references and proof of the person's identity had been carried out.

People received medicines as prescribed. A relative told us, "They are always on top of things like medication." Medicine records were completed accurately and were stored securely. Records showed that staff administered PRN medicines [to be taken when needed, such as paracetamol] when required. Staff received appropriate training in medicine management and had been competency assessed with medicines

to ensure they managed them safely.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and were aware of the principles of the act. People for their own safety needed supervision when going outside. Records showed that the service was working with the local authority to make an application with the court of protection to restrict people's liberty lawfully. Assessments had been carried out on people's ability to make decisions in certain areas. Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I always ask for consent."

Staff had received training to perform their roles effectively. A relative told us, "They [staff] know [person] really well." A staff member told us, "Training is helpful, we can learn more." A social care professional told us, "We had clients with complex needs placed within the Liberty Centre and they seemed to be well looked after." Staff participated in training and refresher courses that reflected the needs of the people living at the service. New staff had received an induction, which involved shadowing experienced care staff and meeting people. Staff confirmed they received regular supervision and appraisals. Records showed that supervision had been carried out regularly. Supervision included discussing staff performance, development and dependability. A staff member told us, "They [management] have been very supportive."

People were supported with cooking meals when required. One person told us, "Yeah" when asked if they enjoyed the food and were given choices with meals. For people that needed support with meals in the supported living setting, there was a menu that showed what meals would be served during the day. This was created based on people's preferences. The menu offered choices with meals. Staff told us people were offered alternatives, if they did not prefer the meals on the menu. Specific diets were prepared for people who required meals in accordance with their religious beliefs.

The staff team worked together to deliver effective care and support. There was a daily log sheet and a staff handover book which recorded information about people's daily routines, behaviours and daily activities. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that people received continuity of care.

People had access to healthcare services. A relative told us, "They [staff] are very on top of things. They rightly suggested Urinary Tract Infection when [person] behaviour changed. This was confirmed by the GP as well." Records showed that people had access to a GP, hospitals, chiropodists and other health professionals and were supported to attend routine health appointments and check-ups as part of the care and support provided.

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support people. Using this information and the person's level of dependency, care plans were developed. The service assessed people's needs and choices through regular reviews with them. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being assessed to achieve effective outcomes.

The registered manager told us that the service was in the process of obtaining new technology in the form of electronic care plans. This would ensure information is recorded accurately and would also prompt staff when information had not been completed. The registered manager told us that this would improve record keeping, save time and allow the service to provide high quality care. For domiciliary care, the service was also in the processing of implementing technology that would help enable effective monitoring of staff attendance and punctuality. The technology would alert the management team if staff were late or did not attend visits. This would enable the management team to check why staff were late or enable them to make alternative arrangements to ensure people received the required support.

Good

Is the service caring?

Our findings

Staff told us they built positive relationship with people by talking about their interests and spending time with them. People and relatives told us staff were caring.

Staff ensured people's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I knock before going in their room. I make sure their dignity is protected by ensuring they are covered when helping them and door is kept locked." A relative told us, "They totally respect [person's] privacy and dignity."

Records showed that, where possible, people and their relatives were involved in making decisions about the care and support people received. A relative told us, "I was totally involved when [person's] care plan was developed." People and relatives told us that people were encouraged to be independent. Records confirmed that people were to be prompted to complete certain tasks with the support of staff. A staff member told us, "[Person] is learning to tidy up their room with our support." People's independence levels were assessed annually. This was monitored monthly to check progress. A report was then generated to check the progress made on certain tasks. Depending on progress further areas of support were then identified where people would be supported to become less dependent on staff support.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse and had been trained in equality and diversity. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs and talked to them respectfully and in a polite way.

People's ability to communicate was recorded in their care plans and staff had been trained on how to communicate with people that had difficulties in communicating. A relative told us, "[Person] has communication difficulties. They [staff] communicate very well and with visual aids when needed." Care plans provided examples of how people communicated. One care plan stated that staff should stay in front of the person, call their name to grab their attention and speak clearly with short simple questions. Information included that staff should use picture exchange communication systems to communicate with people if required. There were pictorial aids available for staff to interact with people. We observed that staff communicated well with people and were able to engage in conversations with them.

Good

Is the service responsive?

Our findings

During our last inspection we found that although care plans were personalised, the support plans were not always easy to follow and it was not clear when objectives were set. Reviews did not always capture changes in people's needs. Following the inspection, the service developed an action plan to make improvements. During this inspection, records showed that objectives were set annually and were reviewed monthly. If there had been any changes to people's needs this was then included in people's care plans. Staff completed a monthly forecast to review people's objectives, which was monitored and analysed by the head of education and communication, to ensure information and care plans were always up to date. A social care professional told us, "They [service] have really improved as per the action plan put in place following the last CQC inspection."

Each person had an individual care plan which contained clear information about the support they needed. A social care professional told us, "I have seen evidence of support and educational plans which are personalised and comprehensive." Care plans included people's interests, backgrounds and how to support people in a person centred way. There was a 'Circle of Support' section that provided information on important people in their lives. Care plans were current and reviews took place regularly with people. A staff member told us, "Care plans are helpful, it helps us support them." These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People and relatives told us that staff were responsive to people's needs. A relative told us, "They are very respectful of [person's] individual needs and alert on [person's] likes and dislikes and that is reflected on [person's] care." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Where required, activities were taking place that people enjoyed and this was included in their care plans. This included going swimming, bowling, day centres and trampoline parks. People, relatives and staff confirmed that people did regular activities that they enjoyed.

People had access to information that was accessible. At our last inspection we found that information on making complaints was not accessible. During this inspection, records showed that information was accessible through an easy read format and through pictures on areas such as medicines and how to make complaints. This meant that people had information made available to them that they could access and understand.

Complaints had been investigated appropriately. Complaints that had been received had been recorded, investigated and a response had been sent to the complainant on the outcome of the complaint. There was a lessons learnt section that included information on what lessons can be learnt from the complaints to minimise the risk of re-occurrence. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the service but knew how to raise complaints.

Good

Is the service well-led?

Our findings

Staff told us that they were supported in their role and the service was well-led. One staff member told us, "Yes, she [registered manager] is very good, that is the reason why I am still here." A relative told us, "I think [registered manager] is exceptional in terms of her commitment to the people they support."

Quality monitoring systems were in place. The service had requested feedback from people, relatives and staff to identify ways to improve the service. This also included exit surveys for people that no longer required support and care from the service. The results of the feedback were positive. Results had been analysed and used to create actions to make improvements to the service. Comments from a person included, "I happy home" and "I happy care."

There were systems in place for quality assurance. The quality assurance manager carried out audits on medicines, care plans and on health and safety. A mock inspection also had been carried out and the findings and actions had been recorded. The management team carried out spot checks on staff to observe their performance on service delivery. The findings of the spot checks were recorded and communicated to staff. This meant that there was a culture of continuous improvement at the service.

Staff meetings were held regularly. At these meetings staff spoke about people, meals, health and safety and training. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care.

There was a business improvement plan in place to ensure people continued to receive good care. The service was in the process of being accredited with the National Autistic Society and records showed that they were in the process of being assessed. The director told us that the service had recently acquired the service of a speech and language therapist, who would work with the head of education and communication. This would help to improve the support being provided to people with difficulties in communication, eating and drinking or swallowing.