

Liberty Support Services Limited

# Liberty Support - Cheshire East

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Liberty Support (Cheshire East) provides personal care to people living in their own houses and flats, and to people living in a 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection eight people were in receipt of personal care.

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

The service was able to demonstrate how they were meeting most of the underpinning principles of right support, right care, right culture.

### Right Support

Systems were not fully in place to ensure people had maximum choice and control of their lives. Records did not demonstrate people had consented to their care or where they lacked capacity to consent, the provider had complied with the Mental Capacity Act 2005 (MCA). However, care appeared to be provided in people's best interests and in the least restrictive way possible.

The service aimed to support people with a small and consistent team of staff who knew people well. However, this was not always possible due to recruitment issues. The service was using agency staff to cover gaps in staffing and had taken steps to improve recruitment. Staff were recruited safely.

Staff were being supported to focus on people's strengths and promote what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to make their own choices and understood their needs and preferences.

Staff had good awareness, skills and understanding of individual communication needs.

One of the settings required some refurbishment and redecoration, including the bathroom. The provider was not responsible for the accommodation and had escalated these issues to the landlord, but these were

still awaiting repair. However, there were also issues with the cleanliness of one setting which was addressed during the inspection. We shared our concerns with the commissioners of the service.

### Right Care

The management team had made some changes and were focused on supporting people to be at the centre of their care. They were making improvements to ensure people were supported by staff who had people's individual needs at their focus.

Feedback suggested some people were not consistently supported to engage with activities they were interested in, including appropriate sensory stimulation. Managers had already identified this and begun to review people's support plans to consider more individualised and creative options. In some cases, we saw people were supported to take part in various activities within the community.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. Staff liaise with other professionals to promote people's well-being. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

### Right Culture

Feedback from people and their relatives confirmed overall they were happy with the support and felt safe. The manager had taken steps to promote a positive culture. The training, supervision, monitoring and mentoring of staff was a focus.

Staff knew and understood people well and were responsive. People's support plans reflected their range of needs and this promoted their wellbeing, however some support plans needed to be updated and did not always fully reflect people's goals or aspirations.

The service employed a dedicated Positive Behaviour Support (PBS) coordinator and specialist nurse to support staff training and development, as well as approaches to peoples' support needs. We saw examples where improved outcomes had been achieved for people receiving support.

Governance processes were being reviewed and new systems embedded. The manager was working on an action plan to help make improvements to the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. However, further consideration was being given to gather this feedback more effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 September 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

### Enforcement

We have identified one breach of regulation in relation to consent at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Liberty Support - Cheshire East

## **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

Two inspectors and an Expert by Experience carried out the inspection. 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 provides care and support to people living in supported living settings and their own homes, 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.

#### 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 not a registered manager in post. There was a manager who had made an application to register with CQC.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small, and people

are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 7 July and ended on 27 July 2022. We visited the location's office on 7 July 2022. As part of our inspection we conducted site visits to three supported living properties.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 used information gathered as part of monitoring activity that took place on 26 May 2022, to help plan the inspection and inform our judgements. We also sought feedback from the local authority. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. Some people who used the service were unable to talk with us and used different ways of communicating including using Makaton, pictures and their body language.

We spoke with 14 members of staff including the manager, 10 members of the staff team, the director, the positive behaviour support coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two social care professionals to gather feedback.

We reviewed a range of records. This included four people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to look after aspects of people's monies were not always sufficiently robust to protect people from the risk of financial abuse. We shared our concerns with commissioners in relation to some people supported by the service and the manager was in the process of amending procedures.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The manager knew of their responsibility to respond to safeguarding concerns and report any allegations of abuse through local procedures.

Preventing and controlling infection

- Within one of the settings visited, areas needed cleaning and refurbishment. The provider was not responsible for the accommodation but told us they were in contact with the landlord to try to address these issues. They arranged for a deep clean to be carried out.
- Staff had access to appropriate PPE to keep both people and staff safe from the risk of infections. Face masks were not always worn, due to the impact on communication. However, risk assessments were not available to demonstrate how this had been assessed.
- The service's infection prevention and control policy was up to date.
- The service tested for infection in people using the service and staff.
- 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.

Staffing and recruitment

- Staffing levels were determined by people's support needs and funding arrangements. The new manager had recently reviewed staffing levels and made adjustments, to ensure people received the appropriate level of support they required.
- The service aimed to support people with a small and consistent team of staff. However, this was not always possible due to recruitment issues. The service was using agency staff to cover gaps in staffing.
- Recruitment was a priority for the service and the provider had implemented incentives to attract new staff. New staff had recently been recruited and were due to start.
- Feedback from relatives varied, with some concerned about lack of consistency and familiarity from agency staff whilst others were positive. Comments included. "Staff have left, and I was worried that agency would not be aware of need, but they are all caring and (Name) is happy" ; "There are consistent staff. There is a core group of staff" and "I like some of the staff, agency is used but they try to keep things stable."
- Overall staff recruitment and induction training processes promoted safety, including those for agency



staff. We spoke with an agency member of staff who understood the needs of the person they were supporting and supported them effectively.

#### Assessing risk, safety monitoring and management

- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.
- Staff considered less restrictive options before limiting people's freedom.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
- Risk assessments in relation to the environment and fire safety had been undertaken, including personal emergency evacuation plans.

#### Using medicines safely

- Medicines were managed safely. People received their medicines from staff who followed systems and processes to administer, record and store their medicines safely.
- Managers had identified the need to undertake some further training and this had been carried out.
- People had medicines support plans in place. However, some information needed further detail. For example, one person had liquid or dispersible medication but there was no information about the reason for this or any associated risks.
- Protocols were in place to help staff understand when to administer "as required" medicines; however, in some cases these would benefit from further guidance for staff to follow.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

#### Learning lessons when things go wrong

- Managers responded to specific incidents or accidents; however, recording around actions taken and oversight to identify any themes or trends was limited.
- The new management team were taking steps to address this and told us new recording systems would help to improve this. They had plans to ensure information was shared throughout the organisation about any lessons learnt and good practice. We saw examples where de-briefs had taken place with staff to learn from incidents.

# 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 requires improvement This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service was not fully working in line with the principles of the MCA. Records did not demonstrate that people's capacity to consent to or make decisions about their care had been assessed. Whilst the support people received appeared to be in their best interests, such decisions had not been fully recorded in accordance with the MCA.
- Some restrictions were in place to mitigate risks to people. However, there were no records to demonstrate whether these arrangements had been agreed in people's best interests or to consider whether the Court of Protection may need to be involved. The management team were in contact with commissioners and had been arranging reviews of people's support needs.
- Information was not readily available about whether people had appropriate legal authority to make decisions on other people's behalf. For example, whether relatives were able to make certain decisions or whether the service needed to consult with them in the person's best interests.

The provider had not ensured staff fully acted in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- One of the settings required some refurbishment and redecoration, including the bathroom. As previously noted, the provider was not responsible for the accommodation but had escalated these issues to the landlord, but these were still awaiting repair. We shared our concerns with the commissioners of the service.
- Limited action had been taken in relation to making one person's bedroom more comfortable, where they could not safely cope with personal belongings or furniture. This was in the process of being addressed

following our inspection.

- Other settings appeared personalised, comfortable and were adapted to people's needs.

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

- Assessments in relation to people's needs were in place, however, some of these were out of date and in need of review. The service was reliant on other professionals to update assessments, such as sensory assessments.
- People had personalised care and support plans, which reflected their needs, including physical and mental health needs. However, some of these needed to be reviewed to include further information. The management team were in the process of addressing this..
- The management team liaised with relevant professionals to seek guidance and had developed detailed positive behavioural plans to support people.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training. The management team were in the process of rolling out a new in-depth induction and focusing on consistency with face to face bespoke training for staff. This included staff who had transferred over to the service from another provider.
- Staff received support in the form of supervision and appraisals. Systems were being implemented to ensure these were undertaken regularly and consistently in line with the provider's policy.
- Staff could describe how their training and personal development related to the people they supported and felt they had received adequate training.
- The service employed a dedicated Positive Behaviour Support (PBS) coordinator and specialist nurse to support staff training and development, as well as approaches to peoples' support needs.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People had detailed health support plans and were supported by staff to have their health needs met.
- Staff referred to and liaised with other services involved in supporting people, to ensure their needs were met. For example, we saw communications and meetings held with speech and language therapists and specialist nurses.
- People's oral care needs were considered and where required dentists had visited people in their homes.
- People's nutritional needs were met. People with complex needs received support to eat and drink in a way that met their personal preferences. Support plans included information about nutritional needs and staff were knowledgeable about these.
- Where able, people were supported to prepare meals of their choice and had access to food and snacks.

# 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

- Overall feedback was positive about the way people were supported. Relatives told us "The staff are very nice and very welcoming" and "The staff do an excellent job."
- Managers had made improvements to ensure people were supported by staff who had people's individual needs at their focus.
- The manager had identified that occasionally staff used inappropriate language to refer to people's behaviours within records. They had provided further guidance and training to staff to address this.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were mindful of individual's sensory perception and processing difficulties.

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

- Overall people and their relatives were involved in decisions about the care. Comments included, "Staff are very open with the information they share" and "I'm very involved with the care."
- The management team told us they had made some changes and were focused on supporting people to be at the centre of their care.
- Staff described ways they involved people in choices and decisions about their day to day care.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Staff understood the need to maintain people's dignity, in one example, staff had taken a range of actions to support a person's freedom of choice whilst also maintaining their dignity.
- Staff encouraged people's independence, taking account of their individual abilities. For example, one person had been supported to enable them to prepare their own breakfast, which had taken patience and encouragement.

# 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 not always met.

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

- Overall people and their relatives were positive about the care and support provided. The manager was addressing some issues and aiming to improve communication in relation to people who had recently transferred to the service, to ensure their care was person centred.
- Staff supported people to make their own choices and understood their needs and preferences. In one example, a person was supported to interview and choose suitable staff.
- People's records contained a clear one-page profile with essential information to ensure any new or temporary staff could see quickly how best to support them, including information about what was important to the person.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff described how they had worked with their PBS coordinator and in two examples how this had resulted in improved and positive outcomes for people.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. A relative told us, "Good observations are needed to support, they use sign language and Pecs (Picture exchange communication system) cards. The regular staff are able to sign".

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 close relationships with their families and people who were important to them. Relatives commented, "We are welcome when we visit." and "The staff help to maintain good relationships and we enjoy being in the house as visitors."
- Feedback suggested some people were not consistently supported to engage with activities they were

interested in, including appropriate sensory stimulation. One relative said, "There is no activity out of the house'. Managers had already identified this and begun to review people's support plans to consider more individualised and creative options.

- In other examples people were supported to take part in various activities and supported to access the community. A relative commented, "They go into the community as much as possible, use the bus and go to a disco."
- Managers had also identified the need to ensure people were always encouraged and motivated by staff to develop new skills and to have goals. Support plans were being updated to ensure people's goals and aspirations were clearly considered and recorded.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative told us, "I would speak with the team leader they are very approachable." One person explained they had raised a complaint and were waiting for this to be dealt with.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service

#### End of life care and support

- At the time of our inspection, no-one was receiving end of life care.
- Appropriate training would be provided in consultation with health professionals should people require end of life care.

# 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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance processes were being reviewed and new systems embedded to help hold staff to account, keep people safe, protect people's rights and provide good quality care and support. However, the provider's oversight had not identified the issues found during this inspection in relation to compliance with the MCA.
- The provider had made changes to the management structure and operational directors were taking action to improve quality and oversight across all the provider's locations.
- The current manager had been promoted from within the service and was relatively new in post. They were passionate about providing person centred care and were addressing areas for improvement. They had developed an action plan; however, this been challenging due to additional pressures on their role. Further ongoing improvements were required.
- The manager had taken steps to promote a positive culture. The supervision, monitoring and mentoring of staff was a focus. Systems to ensure staff were monitored and supported consistently were being embedded.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Previously staff had raised concerns about aspects of the service, however they told us they now felt well supported.

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; Continuous learning and improving care; Working in partnership with others

- The manager understood their responsibilities in relation to the duty of candour. They worked in an open and transparent way.
- The provider had not always demonstrated compliance with regulatory and legislative requirements. CQC had not been notified about all incidents as required, however these were submitted retrospectively.
- The provider invested sufficiently in the service and had identified the need to make changes and to improve aspects of the service. New electronic systems were being implemented to support record keeping.
- The provider kept up to date with national policy to inform improvements to the service.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. However, further consideration was being given to gather this feedback more effectively.
- Relatives views varied in relation to communication with the service. Some felt communication could be improved.
- The manager was in the process of meeting with people and their relatives to review their care and gather their feedback.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured staff fully acted in accordance with the Mental Capacity Act 2005