

Libertas Care Limited

# Libertas Care Limited - 3 The Barley Yard

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection activity at Libertas Care Limited was announced and took place on 10 and 11 September 2018.

We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered persons would be available for the inspection. It also allowed us to arrange to speak with people receiving the service.

Libertas Care Limited provides personal care to people living in the area of, Crewkerne, Yeovil and the surrounding villages. At the time of this inspection they were providing personal care for 51 people. They also provided a domestic service to people living in their own homes.

The service was run by a company who was the registered provider. There was a registered persons' who is a person that 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 requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered persons', we refer to them as being, 'the registered persons'

At the last inspection we rated the service good. At this inspection we found the evidence did not continue to support the rating of good and there was evidence that showed serious risks or concerns. We have therefore changed the rating to requires improvement.

This is because, whilst people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; On the day of the inspection the policies and systems in the service did not fully support this practice. For example, care records showed that people had not signed consent forms to receive care and support and capacity assessments had not been carried out to ensure people were offered care and support in line with national guidance. We have made a recommendation to ensure capacity assessments for people are line with current national guidance and legislation.

The registered persons had a commitment to improving the care and support people received. However, current governance arrangements had not consistently identified shortfalls within the service. For example, people's medicines were not managed safely or administered appropriately to make sure people were safe.

Staff had received training on how to recognise the various forms of abuse, which was regularly updated. The service carried out risk assessments to identify any risks to the person using the service and to the staff supporting them.

There were enough numbers of staff available to keep people safe. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff were aware of the reporting process for any accidents or incidents. Where incidents had occurred, the provider had used these to make improvements and any lessons learned had been shared with staff.

The provider had systems in place to assess people's needs and choices. Staff had the right skills, knowledge and experience to deliver effective care and support because they received training which enabled them to carry out their roles effectively.

Staff worked successfully with healthcare services to ensure people's health care needs were met and respected people's privacy making sure care was provided in a dignified and respectful way.

The support plans were detailed, set out clearly and easy to read. Reviews reflected on their achievements, goals, and aspirations and where changes were identified these were reflected in the person's care plan.

There was a system in place to manage and investigate any complaints. Where concerns or complaints highlighted shortfalls in the service action was taken to make future improvements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Areas of practice within the service were not safe and placed people at risk.

Medicines management was not robust.

There were sufficient numbers of staff to meet people's needs

People were supported by staff who had been safely recruited

The registered persons understood their responsibilities to raise concerns and record safety incidents.

### Is the service effective?

**Good** 

The service is effective

Staff had undergone training to carry out their role effectively

People were supported to access health and social care professionals as required.

### Is the service caring?

**Good** 

The service is caring

Staff demonstrated kindness and recognised people as individuals.

People benefitted from warm and supportive relationships with staff.

People were able to maintain relationships with family and friends, which were important to them.

People and their family member were involved in care planning.

### Is the service responsive?

**Good** 

The service is responsive

Care plans were clear. Staff had easy access to information about the person's current needs.

Staff were able to communicate with, and understand people.

There was a system in place to manage and investigate any complaints.

### **Is the service well-led?**

The service was not consistently well led.

The registered persons systems for monitoring and improving the service were not always effective in ensuring people received an improving service.

People benefited from a culture of openness and honesty.

The management structure in the service gave clear lines of responsibility and accountability.

**Requires Improvement** ●

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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.

This comprehensive inspection took place on 10 and 11 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered persons would be available for the inspection. It also allowed us to arrange for people receiving the service to be visited in their own homes.

One adult social care inspector, one medicines inspector and two experts 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and other information we held about the service. At our last inspection of the service in December 2015, we did not find any concerns with the care provided to people. However, at this inspection we found standards had not been sustained.

During our inspection, we spoke with the nominated individual and the registered persons', the care manager, one deputy manager and 5 support workers. We spoke with 14 people who received personal care and spoke with seven members of their family who were closely involved in their care and support. We also visited two people in their own homes and saw one person attending a review of their care. After the inspection, we contacted five health and social care professionals to seek their views on the service. Three responded.

We looked at records relevant to the management of the service. This included 10 care plans, risk assessments, six staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports. Before the inspection we also sent questionnaires to people using the service, staff, relatives, and healthcare professionals. Eight people, eight staff and six relatives responded. We did not get any responses from health care professionals.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the evidence did not continue to support the rating of good and there was evidence that showed serious risks or concerns. We have therefore changed the rating to requires improvement.

Although generally people being supported by Libertas Care Limited told us they felt safe, some areas of practice within the service were not safe and placed people at risk. For example, whilst medicines were being given as prescribed we found when medicines were given from a medicines compliance aid there was no information with the MAR to show exactly which medicines were being given. This meant staff could not be sure they were administering the correct medicines to the correct person.

Staff did not have additional guidance for medicines prescribed to be taken 'when required'. This meant they may not give doses of medicines as intended by the prescriber. One person was receiving their medicines covertly (disguised in food or drink without their knowledge or consent). There was no evidence a mental capacity assessment and best interest's decision with family and healthcare professionals such as the pharmacist had taken place to ensure this was appropriate.

All staff were trained to give medicines on induction and this was updated annually. The medicines policy for staff to refer to had expired. It also did not contain guidance for staff on some aspects of medicines management that were currently taking place, for example how to produce handwritten MARs and how to manage medicines which were purchased over-the-counter.

This evidence amounts to a breach of regulation 12 2 g of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did complete risk assessments to show what medicines support people needed and promoted people to be independent as much as possible if it was safe and appropriate for them. Staff signed the Medication Administration Record (MAR) when they gave a medicine and separate body charts were available to show staff where to apply creams and other external preparations and we saw they were being applied as directed.

People told us they felt safe. Comments included, "I feel quite safe, they are all very genuine". "Very safe with my regular girl". "Very safe, I've never had any problems at all. They do anything I ask them to do". And, "I feel safe when they (the carers) come into my home, at night they make sure that I am all right and then check that the house is locked up for the night". "We also spoke with people's relatives. One relative told us, "She's so safe I never think about it, when one of their staff comes I know she will be cared for".

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access but they were out of date. Staff had received training on how to recognise the various forms of abuse, which was regularly updated. One staff member said, "The safeguarding training is really good and in-depth".



The registered persons understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary. Staff told us if they had concerns, management would listen and take suitable action. If the registered persons had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals, including actions taken, the provider had sent to the local authority.

Staff carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as trips, and falls. Staff told us, one person was registered visually impaired and had to have everything in the same place to avoid them tripping up. There was a risk assessment in place that confirmed this, and when we spoke with that person they told us, "Staff are very good without them I could not live at home".

There were systems in place to safeguard and protect staff. There was a lone working policy which staff were aware of. The registered persons told us, "Staff have an APP that is downloaded onto their mobile phones". Adding, "Staff are expected to log in via the APP when they arrive at the persons home and log out when they leave". The APP was linked to the providers electronic system and informs managers where staff are while they are on duty. Staff confirmed they liked using the APP, one staff member said, "It helps us keep on track". Another staff member said, "We can ring anyone if we need help". Other staff confirmed that by adding, "We know we can get hold of anyone if we need support we all look out for each other".

Staff had assessed some people who used the service as having behaviours which might challenge themselves or others. There was guidance in place which gave staff clear information about the triggers they should look for. The guidance also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow this guidance. For example, one person could become distressed when asked direct questions. Staff were aware of this and spoke with family members first which reduced the persons level of anxiety. Another person could become physically aggressive when staff were delivering personal care. Staff knew to stop when this occurred and give this person time before trying again.

There were enough numbers of staff available to keep people safe. The number of people using the service and their needs decided staffing levels. The provider employed 15 contracted staff members and 20 bank staff at the time of the inspection. They did not have any vacancies but were developing a live-in care service and to staff this they worked in partnership with a specialist live in care agency. Staff told us if people were on holiday or off sick they worked more hours, this meant people using the service did not have their care and support compromised.

The provider produced a rota in advance. The rota recorded details of people's visit times and which staff would give the care and support for that visit. People we spoke with said staff sent this to them each week and it rarely changed. One person said, "They make sure I have the same carers and if I can't they always let me know before so I'm prepared". Another person said, "Yes, they send me an email so I know exactly who is coming and when for the next week, they are very good at keeping time overall, they do change occasionally". A third person said, "They send a note every week, who is coming, they keep to it very well".

The provider's recruitment processes minimised the risk of unsuitable staff being employed. The provider obtained references and completed a Disclosure and Barring Service (DBS) check. A DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

People were protected by staff who followed good infection control practices. Staff had received training on

infection control and had access to personal protective equipment such as gloves, hand gel and aprons. One member of staff told us they had been told they could only use two pairs of gloves for each visit as they used to many. We discussed this with the registered persons' who confirmed staff could use as many as they needed when supporting people who used Libertas Care. This was reiterated to the staff member during the inspection. People using the service told us, "They always come in Libertas uniform, put on their gloves and aprons and cream their hands after, they are very professional". "All of the staff wear aprons and gloves when they are doing things, they never leave the place untidy". And, "They wear aprons and if they do any dirty jobs they wear gloves then they get rid of them afterwards".

Staff were aware of the reporting process for any accidents or incidents. Records showed that action had been taken, and where necessary, changes had been made to reduce the risk of a re-occurrence of an incident. For example, one person fell over a rug so staff removed the rug with their permission. Staff recorded this in the communications book so that all staff delivering support to this person knew what change had occurred and why. This reduced the risk of (person's name) falling again. Where incidents had occurred, the provider had used these to make improvements and any lessons learned had been shared with staff. Staff told us, "We have regular weekly updates sent out to us where we get lots of up to date information especially if things change". Another staff member said, "We get emails too, the manager will email us and we will email the manager if things change". A third staff member said, we have staff meetings where we talk about any changes to people's care".

# Is the service effective?

## Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

The provider had systems in place to assess people's needs and choices. Copies of initial assessments on people's files were comprehensive. These assessments helped staff to develop a care plan for the person so care was delivered in line with current legislation, standards, and guidance. One person told us "They talk to me about what I want or need all the time". A relative said, "The manager came out to meet us before we started using the service, they talked to us about (person's name) needs and made sure they could cover them before agreeing to take them on".

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability, or age. Staff told us, "We don't treat people the same we treat everyone as an individual". Another staff member said, "People have diverse needs so we don't treat everyone the same". One person told us, "They are very good they always check to see what I need done". Another person said, "They write down what they have done, I ring them up or send emails if I ever need to get in touch with them". A relative told us, "Those girls are a godsend they really perk (relative's names) up when they come".

Staff had the right skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment this included shadowing more experienced members of staff. Shadowing continued until the person and the care manager felt confident that they were comfortable and competent to carry out their role. All staff who were new to the service completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector. People we spoke with about staff skills said, "Very well trained. This girl meets my needs. She's ideal". Another person said, "They seem confident and happy. They must have had some initial training". Adding, "Anyone new comes with one who's already working to see how it's done".

Records showed staff received training which enabled them to carry out their roles effectively. There was a system in place to remind staff when their training was due to be refreshed. Aside from the subjects which the provider considered to be mandatory, such as moving and assisting, infection control and safeguarding, staff told us they received training which was relevant to the individual needs of the people they supported such as dementia training. However, staff did say they were supporting someone with epilepsy and had not had training for this. We discussed this with the manager who told us, the person's doctor had produced a list of guidance for staff that included what they should do if this person should have a seizure and that was on the person's care file in the home. Staff confirmed this and the provider planned for staff to receive training on supporting people who had seizures whilst the inspection team was on site.

Staff told us they felt supported in their roles. There were records of individual appraisals and regular supervision with a manager. Supervision is a process where members of staff met with a supervisor to

discuss their performance, any goals for the future, and training and development needs. One staff member said; "We get supervision it helps pick us up on things we do wrong". Another staff member said, "It's good to be able to talk through things, we talk about all sorts, training and if there are any problems with people we support".

Some people needed support at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. People told us, "Just cooking, most of them are pretty good cooks". Another person said, "Yes they are good they show me what's in the fridge and I choose what I want". A third person said, "Yes breakfast and lunch. They cook it and do it just fine. They leave me with a glass of water always". Other people told us, "I supply the food, they cook whatever I've got". And, "She makes whatever I want for lunch". And "I have my meals delivered but the carers serve it to me, I choose what I want to eat, they (the carers) make sure that I have enough to eat and drink, they always leave me a drink nearby before they go".

Staff worked successfully with healthcare services to ensure people's health care needs were met. Staff had supported people to access services from a variety of healthcare professionals including GPs, community psychiatric nurses and district nurses to give additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately. One professional told us, "I have generally been impressed with the standard of care provided by this agency and their willingness to work with other professionals in the client's best interests in a crisis."

Staff encouraged people to maintain their health. For example, staff told us, "One client was not drinking much, so we filled up a jug and recorded what was left at night, that way we knew if we needed to call someone like the GP". Another staff member told us, "We know who to encourage, one person who was end of life, we used jelly and build up drinks to help increase their fluid intake". A third staff member said, "We helped someone who's got no family involved, to go to the GP when they needed to". In addition, staff said, "We have helped people walk up and down their hallways just to keep them active". "One person said, "I should think so, they write in the notes such as, (person's name) looks well today". Adding, "I think they would notice if I wasn't well". Another person told us, "I wouldn't expect her to take responsibility for my health care needs". A third person said, "We certainly talk about it and she offers helpful suggestions like, "It might be worth seeing your Doctor".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making some 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered persons' and staff had received training on the Mental Capacity Act 2005 (MCA) and although the provider did not have a written policy in place staff we spoke with knew how the act applied to their role.

Care records showed that people had not signed consent forms to receive care and support but had given written consent for staff to administer medicines. However, staff knew to ask people before they carried out any tasks and most people using the service had the ability to make decisions. People we spoke with told us, "When they come in they say, what do you want me to do this week". Another person said, "Yes, she does not rush me, we talk about what we need to do in the day". A third person said, "I tell them at the beginning of the day what we need to do, she will do what is asked of her". We also spoke with relatives who said, "(Persons name) wouldn't do anything she didn't approve of".

There were a couple of people using the service who did lack capacity and whilst staff knew what this meant

for those people the provider had not completed mental capacity assessments or attended any best interest meetings where professionals and family members could formerly make decisions on their behalf. This meant staff could not be sure they were delivering care and support in line with current guidance and legislation. We discussed this with the registered persons' who told us the best interest meetings were carried out by people's case managers at the point of referral and that staff would be deliver care in line with the agreed care plans and by discussing people's needs with family members to ensure the correct care was given. We spoke with one family member who told us, "I'm involved in putting together the care plan for (person's name) and its reviewed regularly at the house with all carers". Adding, "Staff know I know (persons name best and take my lead".

We recommend the provider completes a capacity assessment for people who are unable to make specific decisions about their care and hold best interest meetings where appropriate to ensure care given is in line with current national guidance and legislation.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, no one receiving personal care from the service currently required this level of protection.

# Is the service caring?

## Our findings

At the last inspection we found the service was extremely caring and awarded a rating of outstanding. At this inspection we found the evidence did not continue to support the rating of outstanding, we have therefore changed the rating to Good.

Staff treated people with kindness respect and compassion. This was reflected in the feedback from people who used the service. Comments included, "They've all got kindness at their heart, intent on helping out the best they can". "They are kind and considerate". "She is very kind and very caring, very willing". "I've never seen a sign of irritation or unwillingness". And, "Very, very caring, sometimes they can be shy on the first visit then they get to know you" "I can't fault them". We also spoke with relatives who said, "Certainly, they do act kindly". And "I would say they are all extremely kind, no problem there".

Staff spoke about people with affection and it was clear they had built trusting relationships. When they discussed people with us they were respectful and knowledgeable. Comments from staff included, "I come in on days off to make sure people I support are ok if I need to". "Great care company who support their service users, a credit to the care industry". We also observed staff on home visits, staff interacted with kindness and respect addressing people appropriately and having a laugh and joke making them feel at ease.

Generally, people felt involved in decisions about their care and told us they were able to express their views about how their care was delivered. Most people we spoke with said they had been included from the beginning in every aspect of planning their care. However, one person we spoke with had a different experience, they told us, "I'm more than happy with the care I receive from my care and support worker - she is excellent." They then added, "Libertas as a company not so great. I have no clue how to raise a complaint, no clue who I should contact. They never include myself in any changes to my time slot or if my regular carer is off work".

We found similar differences with relatives as well, one relative told us, "Libertas gives extremely professional and caring support". Adding, "The carers are dedicated to their job, and always consider the comfort of my relative, even if this means that they work longer than the agreed time". However, another relative, "The only small issue we have had is when one or two of the carers have not taken notice or been aware of changes in the snack meal requirements." Adding, "However, we both know we could not cope without them".

Staff respected people's privacy and made sure care was provided in a dignified and respectful way. Comments from people included, "When I have a shower they wash my back, they draw the curtain while I do the rest of me". "I know they are trained to bath and shower. I'm a shy person, now and again they say if you need a bit more help we can do it". And, "She is tactful, she takes me in the bathroom and goes out but stays within hearing distance". Relatives we spoke with said, "I'm not present. I got the impression they uphold privacy very well". "I just leave it to them, they take (person's name) to the bathroom they are very well organised". And, "They must do or (person's name) would complain".

The staff had received positive feedback through thank you cards or by email; they included the following comments, "The devoted attention and care shown by all of you enabled (persons name) to stay in their own home". And, "All the family feel so grateful to have such wonderful carers".

Staff were aware of confidentiality and did not speak about people in front of other people. When they discussed people with us they were respectful and knowledgeable. People we spoke with confirmed that staff did not speak about people in front of them. One person said, "I have never heard them talk about anyone else, they come here and help me that's it". A relative told us, "They are very professional when they come".

## Is the service responsive?

### Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People told us they were fully involved in planning their care. One person told us, "They always do what I want them to". Another person said, "We had a review about March". Adding, "They didn't make any changes this time, but they redid my risk assessment with me". A third person said, "They come once every six months and ask questions". Someone else told us, "Yes, every six months, they check and recheck and ask if everything is ok". Comments from relatives included, "We've got a care plan; the girls see to all that". "We have a review the lady in charge goes through everything". Adding, "They are very flexible". Giving an example, they said, "When we started it was clear half an hour wasn't long enough we now have three quarters of an hour".

The support plans were detailed, set out clearly and easy to read. They gave a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. We reviewed 10 care plans, they gave details of what the person liked to do and how staff could support them to do it. This was important for staff to understand because some people receiving support had limited verbal communication. Staff reviewed care plans regularly to ensure they were up to date with people's needs.

The care manager told us they sent regular communication emails to staff mobiles when people's needs had changed. Staff confirmed they were informed and usually felt well prepared ahead of visits. The registered persons was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. Information was available in different formats.

Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. For example, care records had communication profiles that showed how staff should support people to communicate. People used simple communication signs such as, facial gestures or showing people objects to choose from. Regular reviews took place with the person and people who knew them best such as family members. Reviews reflected on their achievements, goals, and aspirations and where changes were identified these were reflected in the person's care plan. One relative told us, "(Persons name) can no longer communicate, staff are very good, they explain everything as they do it, even combing their hair". Adding, "Staff make sure he knows what's going on at every stage".

There was a system in place to manage and investigate any complaints. The registered persons' sought people's feedback and took action to address any issues raised. The provider underpinned this with a policy and procedure, which staff knew, but the policy was out of date. Records showed formal complaints were responded to promptly. At the time of the inspection the provider had received one formal complaint and the complainant was told of the outcome of their investigation.



Where concerns or complaints highlighted shortfalls in the service action was taken to make future improvements. People we spoke with told us they were confident the provider would deal with any complaint to their satisfaction. One person told us, "No complaints, I don't need to worry but if I did need to I would call the office, I've never had to". Another person said, "They gave us a terms and conditions, in there was if there was a problem how to get around it". Another person said, "I have no complaints at all, over the years I have used different agencies, this is by far the best, the manager comes around and supports the staff and checks up on everything, nothing to complain about at all". A relative told us, "I would know how to make a complaint if needed". Another relative said, "In the past we used another agency, I made many complaints, in the end I asked them to leave, this one is so much better, I don't have any complaints or minor issues to raise at all"

At the time of the inspection, no one was receiving end of life care. Staff were aware to liaise with the person's GP and the district nurse team in the event someone did need end of life care.

# Is the service well-led?

## Our findings

At the last inspection we found the service was well led and awarded a rating of good. At this inspection we found the evidence did not continue to support the rating of good and there was evidence that showed governance systems had not identified serious risks or concerns. We have therefore changed the rating to requires improvement.

There was a system of audits in place to ensure quality of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included observing staff delivering care, talking to people about their care and checking medicine records were completed. However, some checks were not effective, for example, the care manager had not identified that medicines management was not safe. As explained in the safe domain of this report.

However, there was a culture of openness and honesty. The registered persons promoted the ethos of honesty, learning from mistakes and they admitted when things had gone wrong. This was clear when we raised specific concerns throughout the inspection process. The provider immediately started to create an action plan highlighting what needed to be improved. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Where staff had identified other shortfalls in practice the provider had taken action to improve the service. For example, audits had highlighted the need to reduce late visits. The provider invested in technology to monitor staff whereabouts, which meant they could identify if a staff member was going to be late and contact the person to let them know.

The registered persons had a clear vision to deliver high-quality care and support that promoted a positive culture. Care and support was person-centred, open, inclusive, and empowering and achieved good outcomes for people.

All the feedback we received throughout the inspection was positive. People told us, "The manager comes around from time to time to check that everything is okay, they appear to know the job well". "The office is approachable". And, "They are certainly approachable". Relatives also said, "We do find them approachable, we are quite happy with the way its run". And, "The manager is very approachable as is everyone else, they come around from time to time, they really listen to you and you can have your say. I think they asked me once to talk about the agency, I said all good things, nothing bad about this agency at all".

There was a management structure in the service, which gave clear lines of responsibility and accountability. The service had two directors, one of which was the registered person and a care manager. The directors made any decisions about the development of the service collectively with the care manager.

The registered persons' 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed a mutual respect between managers and staff. Staff told us the care manager was a good leader and when they approached the directors they would always acknowledge them.

The care manager had a proactive style of leadership which people told us they appreciated and responded to. It was clear that the care manager was passionate and dedicated to providing an excellent service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes for people.

The care manager was supported by two deputy managers and senior carers who were field and office based. There was also an administrator based in office. There was a culture of support and cohesiveness amongst managers and staff. There were regular manager's meetings to discuss the business; weekly email updates and six-monthly staff meetings that ensured communication went across the whole team.

The registered persons valued staff and appreciated their contributions. Staff told us the registered persons always went above and beyond to make sure staff were ok. For example, one staff member told us, "When I was unwell they brought food parcels to my house".

People knew how to feedback to the service. The registered person held six monthly reviews with people and four monthly reviews with staff. The results of the most recent survey had been positive.

The provider worked collaboratively with organisations to support care provision, service development, and joined-up care. For example, GPs and district nurses visited peoples home to see people who had physical healthcare needs or needed additional support. This helped to make sure people received care and support in accordance with best practice guidance.

One professional we spoke with said, "I can't identify any incidents where I would say that Libertas's size have actively inhibited their ability to provide care and they have always been very good at accurately identifying what they can and can't do."

The provider had followed all relevant legal requirements, including registration and safety obligations and the submission of notifications. They displayed the previous Good rating issued by CQC in the front reception area.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that is reasonably practicable to ensure peoples medicines are managed safely and administered appropriately to make sure people are safe.</p> <p>Regulation 12(2)(g)</p>