

Liberty House Care Home Limited

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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 

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Liberty House was last inspected in November 2013. At that time the provider met all the regulations we checked. This current inspection was unannounced which meant that staff did not know we were visiting.

Liberty House is a care home for six adults who have a learning disability. The home does not provide nursing care. The home is a large converted house and accommodation is on two floors.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with all six people who lived at the home. Some people were unable to give us detailed information about their care. We spent periods observing people being supported by staff. Our observations and discussions with family members showed that there were positive caring relationships between staff and the people that used the service. We saw that people were treated with respect. All the relatives we spoke with told us that they were very pleased with the care that their relative received.

Staff were aware of the provisions of the Mental Capacity Act (2005) and people were supported to make decisions about their life. Where people lacked the capacity to make decisions these were made in their best interest. Following discussions with the provider during the

inspection they commenced the process of making the appropriate applications for people who used the service who may have had their liberty restricted so that their rights were protected.

Risks to people were identified and plans were in place to make sure people were kept safe and their rights promoted. Care plans were in place and these were personalised and included people's individual wishes and preferences. People were supported to access health care services.

People were supported to take part in activities of their choice. These took place both in the home and in the local community. Some people attended day centres and college and all people were supported to take part in activities in their local community.

We saw that systems were in place to monitor and check the quality of care and to make sure a safe environment was provided for people to live in.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe. Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Safeguarding procedures were in place and staff knew about their responsibility to protect people from the risk of harm.

Staff had some knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and steps had been taken to make sure the service complied with this legislation.

There were sufficient staff on duty to make sure that people received appropriate care.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills needed to care for people effectively.

People's care records contained the information staff needed to care for people effectively.

People received the support they needed to ensure they received a healthy and balanced diet and diverse dietary needs were catered for.

People received the support they needed to maintain good health and wellbeing.

Good



Is the service caring?

The service was caring.

People told us that staff were kind. Staff supported people at their level and pace and took time to talk and listen to people.

People were encouraged to express their views and make decisions about their care. People's relatives told us that they were consulted about their relatives care and staff were friendly and kind.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

People took part in a range of hobbies and interests according to their individual preferences.

There were arrangements in place for dealing with concerns and complaints. Relatives told us that they were confident their complaints would be responded to.

Good



Is the service well-led?

The service was well led.

The service promoted a positive and open culture. Staff told us that the manager was approachable and concerns were dealt with.

Good



Summary of findings

Regular meetings took place with people and staff members so their views about the home were known.

Some systems were in place to promote the on-going development of the service.

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Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

The inspection was undertaken by one inspector.

As part of our inspection process, we asked the provider to complete a provider information return (PIR). This was information for them to tell us how and provide evidence about how they feel they are meeting the five questions

safe, effective, caring, responsive and well led service. The provider was unable to complete the return due to their own technical problems. However they agreed to complete this retrospectively.

Before we inspected the service we checked information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. We also contacted the local authority to get their views about the quality of care provided.

During the visit we spoke with all six people that lived in the home, two staff members and the registered manager. Following the inspection we spoke on the telephone to five people's relatives to ask their views about the service.

We observed how the staff interacted with the people who used the service. We looked at two people's care records to see if their records were accurate and up to date. We looked at two staff recruitment files and records relating to the management of the service including quality audits, complaints, incident and accident records.

Is the service safe?

Our findings

One person told us, “This is the best home I have lived in. The staff understand me I am happy and I feel safe living here”.

We spent time observing the staff supporting people, as some people could not tell us in detail about their care. We saw that interactions between people that used the service and staff were friendly and relaxed. We heard staff speaking to people in a polite and friendly manner. People were relaxed and smiled back in response to staff talking to them, which indicated people felt safe and comfortable with staff.

We saw staff supporting people to make drinks and snacks and staff ensured this was done safely. Two staff members we spoke with told us that they had the information they needed to make sure that risks to people were well managed and had received the training they needed. Staff gave some examples of managing risks, including supporting people to take part in leisure activities in the local community and ensuring health needs were managed safely.

All the staff we spoke with knew what the emergency procedures were and we saw information about this displayed for staff to refer to. One of the people living in the home showed us the fire procedure notices displayed in the home and told us what to do if the fire alarm was activated. This showed that people knew what to do in the event of an emergency.

Staff we spoke with were knowledgeable about safeguarding issues. The two staff we spoke with were able to tell us how they would respond to allegations or concerns that abuse had occurred. We saw that a flow chart and contact details for the local authority were displayed in the home and staff told us that they were a useful prompt to refer to, if needed.

Some people needed support to manage behaviour that challenges. Staff told us that they knew what to do if people were upset or distressed. We saw some reports about incidents that had happened. We spoke to staff about these and they explained in detail how they supported the person so that they reduced the risk of incidents from happening. Staff told us that they had been trained in managing and supporting people with these needs.

We spoke with two care staff and they demonstrated that they had a basic understanding of the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff told us about a MCA assessment that was completed for a person to assess their capacity to make decisions about their future care needs. The registered manager told us that some staff training had taken place and some further training would be planned. The provider’s policies were in the process of being updated in light of the recent Supreme Court decision in relation to DoLS. We had a discussion with the registered manager about the impact of the recent decision. Some of the people living there lacked capacity to make decisions and we saw that some restrictions were in place. The registered manager told us that they had discussions with the local authority and that they were in the process of making applications for the people living there who may have had their liberty restricted.

Staff carried out a caring role and also carried out household tasks. We saw that staff were available to respond to request from people for care and support in a timely manner. All the relatives we spoke with told us that it was their view that there were sufficient staff numbers to provide people’s care and support.

Is the service effective?

Our findings

We saw that staff actively listened to people and communicated in an effective and sensitive manner. We observed one person communicated by pointing to a game that they wanted and they also wanted to listen to some music. This was communicated through gesture and eye contact. The staff member assisted the person to engage with the game which the person really enjoyed. Staff were able to explain in detail people's likes and preferences. This showed that people were supported by staff who had the skills and knowledge to meet people's assessed needs.

All staff we spoke with told us that they received the support they needed to carry out their role. This included staff training and supervision. They told us that they had received training specific to meeting the care needs of the people that lived at the home. For example managing complex behaviour. We spoke with a recently appointed staff member and they spoke very positively about their induction into their role. They told us that their induction had included working alongside experienced staff members. They told us that it had prepared them well. We observed during the visit that this staff member engaged well with people and they were confident in their role. A high percentage of staff had obtained or were in the process of obtaining an accredited vocational qualification. This meant staff were supported in on-going learning and personal development.

One person told us, "The staff do the cooking I might burn myself. I can make a snack and get a drink when I want one". We saw that people were offered a choice at lunch time. People told us that they were involved with planning the menus. We saw that the menus were produced in word and pictorial formats and were displayed in a place that could be easily accessed by the people who lived there. We spoke with staff about meeting specific dietary needs and they told us about how people's cultural dietary needs were met. This included ensuring a person received halal meat prepared in accordance with their religious needs. Staff also told us about the action they had taken when they had concerns about weight loss and referrals had been made to the appropriate healthcare professionals. This showed that steps had been taken to make sure that people were supported to eat and drink well, and maintain a healthy diet.

People told us that they were supported by staff to go to the doctors. One person told us, "I go to the dentist it is not very far from here, I am not sure where the opticians is but I do go and have a check-up, the staff help me to sort it out". We saw from looking at care records that staff referred people to external healthcare professionals for advice. Care records had information about people's health care needs so staff had the information they needed to know to support and monitor people's wellbeing. This showed that people were supported to maintain good health and had access to the relevant healthcare services to maintain their health and wellbeing.

Is the service caring?

Our findings

One person told us, “The staff are kind they are really lovely”. Another person told us, “The staff are nice, they treat me well”. We observed that staff sat and chatted with people and engaged in conversations. We saw good interactions between staff and people that used the service. We saw that people were supported with kindness and compassion.

A relative told us, “I am overall very happy with [person’s name] care. The staff are very good. Staff make ensure that they provide good physical care. I know they are happy living there”.

We saw that people’s privacy and dignity were promoted. People told us that staff knocked on their bedroom door before they entered. We observed this during our visit and also that staff ensured that doors were closed when they supported people with their personal care.

A relative told us, “The staff are very caring and I feel they really treat them well and know their needs well”. Another relative told us, “The staff are easy to talk to”. All relatives told us that they felt welcomed at the home and that they could ring or visit when they wanted to.

All the relative’s we spoke with told us that staff contacted them if they needed to know any information or to just check something out with them. They told us that they were kept informed about their relatives care and wellbeing.

We saw that staff supported people to make choices and decisions about their lives. For example we heard people being offered choices of activities, choice of food and drinks and where to spend their time. One person spent some time in the garden and another person spent some time in their own bedroom and one person was engaged in a hobby with a staff member. One person told us, “I can get up and go to bed when I want to”.

Staff were able to describe to us how they promoted people’s involvement in their care. We saw staff supporting a person to prepare their own breakfast. The person needed a lot of staff support to do this safely. However, the staff member supported the person through each step so they could make their own choices about what to eat and drink. Staff gave the person time to make their own decisions.

Staff spoke confidently about the people they provided a service to. They told us they knew people’s needs and preferences. For example staff were able to tell us how people’s cultural and dietary needs were met.

Care records we looked at had information about people’s lives, likes and dislikes, hobbies and interests. This provided staff with the information they needed about people’s preferences and personal histories so they understood their needs.

Is the service responsive?

Our findings

When we arrived at the home we observed that some people were waiting for transport to take them to a local day centre. Some people were having breakfast, and one person was being assisted with personal care. The atmosphere was relaxed and we saw that people received the support they needed from staff in a timely manner.

One person showed us their activity planner and we saw this was in a word and picture format so it was easier for them to understand and meaningful to them. They told us about the different activities they were involved in which included attending a college course and helping out at a golf shop. They told us they really enjoyed the activities they did and they showed us certificates they had received for completing a range of college courses. They told us that they had also completed a first aid course which they had enjoyed doing. This showed that people were involved in a range of hobbies and interests.

A person who lived at the home led us by our hand outside to the garden. They smiled and pointed to different things in the garden. The garden was extensive and had a range of flowers, shrubs and raised beds with herbs. A staff member explained that they ran a garden project one day a week and that some people from the local community attended the sessions, alongside some of the people that lived at the home. Staff told us about a recent community event that the service had hosted and had taken place in the garden. It involved entertainment, craft stalls and food. People's friends and relatives and people from the local community were invited. One person told us, "My sister came, it was lovely". Another person told us, "We had a good day and nice food I enjoyed it". We saw photographs on display in the home of different activities and events that people had taken part in. This included the Lord Mayor's Show. There was also an activity notice board with information about leisure and social events taking place in the local community. This showed that there were also activities for people to enjoy with their friends and relatives.

Two people told us that they helped clean and tidy their bedroom and they told us that they took part in daily living tasks. We saw that two people helped out with drink and snack preparation. This meant that people were encouraged to maintain their independence and develop their skills.

Staff responded to people's requests to go out into the garden and also to help facilitate tasks and activities in the house. One person needed help with an electronic gadget and we saw that staff were patient and helpful. This showed that staff responded to people's needs.

People told us that regular meetings took place and they were asked their views about living at the home. We saw that the complaints process had been produced in words and pictures which made it easier for people to understand. The complaints process told people what they should do if they were unhappy with the service. We had not received any complaints about the home and the registered manager told us that they had not received any.

All the relatives we spoke with told us that if they needed to they would have no hesitation in raising their concerns. They told us that the care staff and the registered manager were approachable and that they would feel comfortable speaking about their relatives care. Two relatives told us about some 'niggles' that they had had with their relatives care and that these had been dealt with to their satisfaction. This showed that people were listened to and their concerns had been dealt with.

Records looked at and discussions with staff showed that the staff took account of people's changing needs. Staff told us that they were a small staff team and that they handed over information at each shift change. They told us that they kept each other up to date with any changes in people's needs.

Is the service well-led?

Our findings

The registered manager was also the provider of the service.

We observed that during the inspection the atmosphere was friendly and relaxed. We saw that staff communicated well with each other.

A relative told us, “The communication is good and the manager or deputy manager will contact me immediately if they need to. They are very caring”.

The two staff members we spoke with were clear about their role, spoke positively about the leadership of the home and knew the lines of responsibility. They told us they enjoyed their job and that they were happy working at the home. Both staff members told us that they felt confident that any concerns they raised would be dealt with by the registered manager.

We saw photographs of staff members with their name and role displayed. This meant that people who lived there and visitors to the home knew who to speak with, if they needed to.

We spoke with the deputy manager about the systems in place for learning from incidents and accidents and they told us what the procedures were. We looked at the records of these occurrences and saw that very few incidents had taken place. However, procedures had been followed as staff had described which ensured they were effective.

There were systems in place to make sure that standards were maintained in the home and improvements were made if needed. This included audits of care records, medication administration, staff training and health and safety checks. The registered manager had identified that staff needed training in dementia and this had been scheduled to take place in October 2014. This meant arrangements were in place to drive continuous improvement.

Most of the relatives we spoke with told us that they had been asked to complete a survey asking their views about the home. All relatives that we spoke with told us that the registered manager was approachable and that good communication systems were in place. We saw the minutes of meetings that had taken place with the people who lived there. These were referred to as ‘Our say and involvement’. These showed that people and their relatives had been involved in sharing their views about the quality of the home and where improvements may be needed.

Both staff members told us that there were regular staff meetings. We looked at the minutes of the last meeting and saw that the care of people was discussed and also best practice issues. For example a discussion had taken place regarding the required procedure for reporting and recording of incidents. This showed that staff were reminded about systems in place and how best to meet people’s needs.