Liberty House Care Homes 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 23 September 2016 and was unannounced. At our last inspection on 5 August 2014, the provider was meeting all the regulations that we assessed.

Liberty House provides personal care and accommodation for up to six adults with learning disabilities. There were six people living at the home at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The process for making a best interest decision, for treatment, on behalf of a person who lacked the mental capacity to make that decision, was not always effective.

Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

There were enough suitably recruited staff that had received appropriate training to support people to meet their individual needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People safely received their medicines as prescribed by the GP.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. Care was inclusive and people benefitted from positive interactions with staff. People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well and benefitted from opportunities to take part in hobbies and activities they enjoyed and what was important to them.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate action. Information was available around the home in easy read formats for people to make use

of.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Decisions made on behalf of people, who lacked the mental capacity to consent, were not always made in line with the best interests' process.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People were supported with their nutritional needs and were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff that knew them well.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in different hobbies and activities that met their needs.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their
concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good

The service was well led.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

The provider had systems in place to assess and monitor the quality of the service.

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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 inspection took place on 23 September 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

During our inspection we spent time with all the people living at Liberty House. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with two people who lived at the home, two relatives, the provider who is also the registered manager and five care staff. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures,

to check people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home. One person said, "I feel very safe, the staff are good to me." We also spent time with people at the home and they were able to indicate to us through their conversation, facial expressions and use of body language, that they were happy living at the home. We could see people were happy in the company of all staff on duty and there was a relaxed atmosphere throughout the home. Relatives spoken with told us their family member was safe. One relative said, "Safe, absolutely, I know everything is in place to protect [person's name] I've never had any concerns about safety." Another relative told us, "There is always someone here with [person's name] inside or outside, the staff make sure she is kept safe." The provider's information return (PIR) stated that they ensured the service was safe by informing people about who they could contact if they became upset or frightened. We saw that this information was available in clear, pictorial format and displayed in prominent places around the home.

People were supported by staff members that knew how to recognise when people were at risk of harm, what action they would need to take to keep people safe and how to report concerns. Staff told us and records we looked at showed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. One staff member told us, "Most of the staff have been here a while and we know the people really well, so if one of them were to become suddenly quiet, withdrawn or unresponsive to us, I'd raise it with the manager straight away." Another staff member said, "You might see a pattern with a person and their behaviour was different when a certain member of staff was on duty, if this happened I would let the manager know." We saw the provider had procedures in place, so staff had the information they needed to respond and report concerns about people's safety.

Staff spoken with was knowledgeable about the risks to people. Care plans contained up to date risk assessments and explained in words and pictures what risks to people had been assessed and what plans were in place to manage that risk. For example, we saw that one person occasionally left the home without always notifying staff where they were going which had been a cause of concern. A risk assessment was completed with the person and an agreement that if the person left the home then staff could contact the person if they had not returned within a specified time. The provider had also spoken with local businesses, where the person would often stop, so they were known to the local community. The risks to the person had been assessed and action had been taken by the provider to reduce risks whilst minimising any restrictions on the person. Staff told us that when someone expressed an interest to do something that could place them at risk, "We just try to find a way to reduce the risk, for example, we hope to be taking [a number of people's names] abroad soon and although this will be a challenge we are all looking forward to it."

We found that people were supported by sufficient numbers of staff on duty to keep them safe, meet their needs and provide a personalised person centred approach to people's care and support. One person said, "There is always someone here to help us." A relative told us, "There's enough staff." Another relative said, "I think there are sufficient numbers of staff here, I've never seen anyone go without because there hasn't been anyone available to help them." We found that staff had time to sit and talk to people and engage them in

hobbies and activities in the house, kitchen, garden and community. A staff member told us, "Most definitely there is enough staff." The registered manager explained that staffing levels were based on the needs of the people who lived at Liberty House. If special events or trips out were organised then staffing levels could be increased so everyone, should they wish to, could participate. During times of staff absence the hours were covered by other members of team or volunteers. One staff member said, "We do cover for each other, if someone can't come in for any reason, we ask if anyone is able to cover." For people with a learning disability and/or autism, unplanned changes to their daily routine can cause upset and confusion. The processes in place at Liberty House ensured people were continually supported by staff that knew them well and maintained consistency of care.

The provider's PIR stated that all staff 'go through a rigorous selection, recruitment, probation and induction process…' We found the provider had an effective recruitment policy in place and staff told us that they had completed a range of checks before they started to work at the home. Therefore, people were protected against the risk of being cared for by unsuitable staff because staff had been checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory references had been obtained before they started work.

Staff we spoke with explained how they supported people to take their medicine and what processes were in place to record what medicine had been administered. One person we spoke with said, "Staff help me with my medicine." Administration records detailing when people had received their medicines had been completed by staff. We checked the records of two people and counted the medicine that confirmed people had received their medicine as prescribed.

We found that protocols were not in place for medicines that were administered on an 'as and when required' basis. Although we noted the medicine had not been administered to the person for several months. The registered manager explained the staff knew people 'very well' and knew when people were in pain. Staff we spoke with was able to explain, in detail, the signs and behaviours that would indicate if a person was in pain or distressed and required medicine. The registered manager agreed some protocol should be in place to support new staff and confirmed this would be implemented immediately.

We found staff had completed medication training and the registered manager stated regular audits were completed. Relatives told us they had no concerns with their family member's medicine. One relative said, "[Person's name doesn't have any medicine but staff do make sure their cream is used." We looked at the storage of medicines and found the systems in place to ensure medicines were received, stored, returned and destroyed safely were effective.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider explained what processes should be in place to support people, who lacked the mental capacity to consent to some decisions in respect of their care and support. This ensured any decisions taken would be in the person's best interests to maintain their health. However, this process was not always consistent. For example, we found on one person's file, consent had been given soley by the family members, there was no evidence to show a process had been followed to ensure the decision was made in the person's best interests. The person who has to make the decision is known as the 'decision maker' and because the decision made on behalf of the person related to health treatment, the provider should have also made arrangements for the involvement of a professional such as a doctor. It is vital that the best interests' process is followed and the decision is clearly documented. Not only does this promote good practice, but it also provides the evidence based approach required by the MCA. A relative can consent for a person's care if they had a Lasting Power of Attorney (LPA) in place for health and welfare. On checking with the provider we found no LPA was in place. Relatives can be consulted but cannot consent. This showed the provider had not fully understood the principles of the MCA.

We saw people that lived at Liberty House may not always have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their support. For example, staff encouraged people to choose what they wanted to eat and drink with the use of pictures or showing people different choices. One staff member told us, "We use picture cards and [person's name] will point to what they want." We saw that staff understood people's preferred communication styles and used these to encourage people to make informed choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In the provider's information return (PIR) it stated that staff had received training in DoLS and discussions with staff demonstrated they had a good understanding of the principles of DoLS. We saw the provider had made applications for the people using the service, to the Supervisory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected.

People were supported by staff that had received training which enabled them to understand the specific needs of the people they were supporting. One person told us, "The staff know what I like to do." Relatives we spoke with said staff were experienced and they were satisfied how their family members were being supported. One relative told us, "[Person's name] has been living here for a long time and the staff know exactly what to do and how to support her." We saw that new staff completed a detailed induction training programme. This induction had included shadowing experienced staff to ensure the new staff were

competent and confident before supporting people unsupervised. Staff members had undergone appropriate training, for example, in safeguarding, health and safety, food hygiene and first aid. Staff told us the training they received equipped them for their roles. One staff member said, "The training is very effective and helps us to keep standards up and citizens safe." Training records showed that staff were either up to date with their training, or training was scheduled to take place. We saw there was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff told us they received guidance and support when they needed it. One member of staff said "[Registered manager's name] is very supportive and approachable." All the staff we spoke with said they had confidence in the registered manager and were happy with the level of support and supervision they received. We saw that the registered manager was accessible and available; staff and people living at the home freely approached her for guidance, support and advice when needed.

In the provider's PIR it stated that 'all residents choose their own meal from a selection of choices.' We saw that people were encouraged to eat a balanced diet and fresh fruit was available for people to eat if they wished and staff confirmed they encouraged people to try healthy alternatives. One person told us they wanted to lose weight "I eat lots of vegetables and fruit." The person continued to explain how they had been supported to grow vegetables in the home's garden. We saw staff used clear pictorial communication aids, where appropriate, to show people photographs of food. This enabled people to make a decision about what they wanted to eat. One relative told us, "[Person's name] eats very well, they love their food." A second relative said, "I am very happy with the support [person's name] gets with their food, they look very healthy."

Staff we spoke with explained because people had lived at the home for a long period time, staff knew people 'very well.' Staff were able to tell us what people's likes and dislikes were. Staff continued to explain if people did not want something, they would push it away and staff would prepare something else. We saw the day's menu was displayed, with pictures, on a board in the dining room, however this quickly changed at lunch time when people returned from an outing with fish and chips which everyone appeared to enjoy. Throughout the day we saw some people made their own hot and cold drinks whilst others were supported by staff. We saw for people who had specific cultural requirements staff bought suitable foods and told us they would prepare the person's meals separately, where required. We found menu choices were discussed with people we saw evidence that suggestions had been acted on. People's weight was monitored regularly to assess, where appropriate, if they required additional support from health care professionals.

People looked well cared for. One person told us, "I see the nurse often." Relatives spoken with told us their family member's health needs were being met. One relative said, "There are no problems with accessing the doctor or dentist [person's name] goes regularly." We found the care plans we looked at contained clear hospital passports for people. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health should they be admitted to hospital. We also saw from care plans that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, opticians and GP, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at Liberty House, although one person said they would now like to live independently. We could see from people's faces and the relaxed atmosphere within the home, people were happy. One person told us, "I've been here a long time and am very happy." Relatives we spoke with were positive about the care and support their family members received from the staff. One relative stated, "Everyone is well looked after and cared for, it's a lovely home and we are very happy with everything." We saw that the interactions between people using the service and staff showed that they had good relationships. Conversations were sensitive, caring and respectful. A member of staff said, "This is a lovely home and because it is small, we are really like one big family."

We saw that staff knew people well and could tell when people were happy or wanted to be left alone. For example, one person became anxious after returning from an outing, staff recognised the person's need to be left alone. They encouraged the person to relax in the garden, which was something identified in the person's care plan. We saw this helped the person to relax. Most of the staff we spoke with had worked at the home for a period of time and this had provided stability and consistency of care for people.

We saw that care plans were personalised and contained detailed information about people's health care and support needs. Each care plan we looked at contained clear pictorial aids that enabled staff to review people's individual needs with, for example, a thumbs up or down from the person. One person told us, "I do talk to staff about my care." A relative told us, "The home is very good at keeping us involved, I am involved in [person's name] care and we review their support needs regularly." We saw that care plans were reviewed and updated when people's needs changed. We saw that staff were all skilled and able to communicate with people in a way they understood. We observed staff communicating with people verbally and by using pictures. We saw that people understood what staff was communicating to them and responded appropriately.

People were encouraged to be as independent as possible. This was particularly important for one person because they hoped they would be able to leave Liberty House in the future and move into their own flat. We saw the person was encouraged to complete some household tasks and prepare their own drinks. We saw that arrangements had also been put in place for the person to go out independently. One person laid the table for the evening meal and after each meal everyone took their plates into the kitchen, emptied any leftover food into the bin, rinsed and loaded their plates into the dishwasher. A relative said, "[Person's name] is so much more independent since living at Liberty House." A staff member told us, "It's very important we encourage people to do as much as they can." We found people were treated as individuals and staff enabled them to be as independent as much as possible. It was clear when speaking with staff they were enthusiastic about the people they supported and wanted to ensure people received the best care that they [staff] could deliver.

We saw people's privacy and dignity was promoted. People could spend time in their room so that they had privacy when they wanted it. Staff spoke to people politely and respectfully and personal care was delivered in private. We heard staff addressing people by their preferred names. People were dressed in clean, age

appropriate styles of clothing. Staff we spoke with explained how they promoted people's privacy and dignity.

Staff supported people to maintain relationships with family members and friends that were important to them. The relatives we spoke with told us that they were able to visit at a time that was convenient for their family member. One relative told us, "If it wasn't for the staff [person's name] would find it very difficult to visit mum." Another relative said, "They [staff] will bring [person's name] to and from home, which is really helpful.

Good

Is the service responsive?

Our findings

We found people were encouraged to make as many decisions about their support as was practicably possible. For example, staff would ask people what they wanted either verbally, using pictures or items for people to touch to help them make their choice. This was then written in a care plan by the staff member and we could see where the person had an input. One person told us, "I do go through the care plan with staff." Staff members met with people regularly and discussed their care and support needs to see if any changes were required. The provider's information return (PIR) stated that all people had a copy of their care and support plan available in easy read and pictorial format. The care plans we looked at were written to the specific individual needs of the person and reflected their choice of communication, for example, through the use of pictures. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about their family member's care and support needs. A relative told us, "I am more than happy with the support [person's name] receives from staff."

Throughout our inspection we saw that people had things to do that they found interesting. For example, three people were supported to go to the local shops and another person had left to attend a local community centre. A staff member told us, " [Person's name] likes to go out on their own so we have a process in place that if they are not back by a specified time, we have their permission to contact them and go looking for them, they always visit the same shops so we know exactly where they'll be." One person showed us pictures of themselves with plants and vegetables they had grown in the home's garden. The garden was large and well maintained with a range of different plants, vegetables, fruit, fruit trees and a small raised herb garden. We were shown albums of pictures of a recent community event that had taken place in the garden. One person pointed out to us their own image in the pictures. We could see from their smiles and reaction to the pictures they had enjoyed the event. We were also shown paintings, drawings and intricate craft work completed by the people living at the home. We could see people, their families and staff were very proud of their achievements.

People were aware of how to make a complaint and were confident they could express any concerns. One person told us, "If I wanted to complain I would talk to [staff member and registered manager names]." Relatives we spoke with told us they had never complained but they would have no concerns in raising any issues with the provider. One relative told us, "I've never had to complain." Another relative said, "I am very happy with the home, but if I did have to complain I am confident the manager would investigate it thoroughly." We saw that staff recognised when people were unhappy and were able to respond to them appropriately. We found there was a complaints procedure displayed in the home and it was available in easy read format. Staff we spoke with were aware of the procedures to follow if anyone raised any concerns with them. We saw there had been no complaints made about the home since our last inspection.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary about the home. One relative told us, "This is a happy home you can feel it as soon as you walk in, everyone speaks to each other, they [everyone] are warm and friendly." They continued to say, "The home is well managed and I take my hat off to the job they [staff] do." Staff spoken with told us if they needed to speak with the registered manager, they could speak with her anytime and did not need to wait until staff meetings or their supervision. One staff member said, "[Registered manager's name] is easy to speak with, her door is always open, she will take the time to listen to you, she goes above and beyond sometimes, I love working here." Another staff member told us, "[Registered manager's name] will push you not in a way that's upsetting but to help you progress, she tries to get the best out of you to achieve your potential."

We saw the registered manager had developed partnerships which actively encouraged members of the local community to join people living at the home in shared activities. For example, one person who enjoyed working in the garden was supported by a volunteer from a local school. The volunteer has now taken on the role of mentor, with the support of the provider, for the person because their working relationship had been so productive.

The registered manager demonstrated her passion for the service by encouraging staff to improve their knowledge. She supported them to enrol on training courses to complete their NVQ qualifications. We saw the registered manager worked alongside staff, supporting and guiding them. Staff understood their role and what the registered manager expected of them. Staff were enthusiastic, motivated and had confidence in the registered manager. We could see the registered manager had developed and sustained a positive culture within the home through her encouragement of staff to be the best they could be. For example, the provider had entered three staff members for Care Awards 2016 and all three had been successful. One member of staff said, "We are very supported, [registered manager's name] works really hard and is a lovely person."

One person told us they had regular 'house meetings' to talk about what people wanted to do. For example, at the next 'house meeting' the topic of holidays was on the agenda. We saw that regular meetings were held with people, if they wanted to attend, to discuss issues that were important to the people living in the home and how staff could support them. Relatives we spoke with told us they were satisfied with the care their relative received. One relative told us, "[Registered manager's name] is an exceptional role model, she actively seeks out and acts on views of others." Another relative told us, "We are always in contact with the staff and manager, if there were any concerns about anything I'd tell them." The care plans we looked at showed people had been asked for their input into the quality of the service being provided. The questionnaires were in pictorial format for people to understand.

The registered manager had been in post from when the service was first registered and had provided continuity and leadership in the home. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would 'confidently' report any concerns in accordance with the provider's policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

We saw there was a system of internal audits to check the quality of the service being provided. The provider had based their system on the same key areas that CQC monitor during inspections. The registered manager explained she was 'still' in the process of reviewing their policies and procedures to see how they related and supported each area. We saw that checks had been completed within the home by the provider to ensure the safety and quality of service was maintained. For example, checks of medicines management, health and safety and audits of care plans. We saw that any action plans enabled the registered manager to monitor that actions were completed in a timely way.