

Alderson Limited

Libertas HBRS

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Libertas HBRS is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. The service operates across the county of Lincolnshire.

Most of the people who use the service receive short-term, council-funded 'reablement' support to regain skills for independent living. The service also provides long-term domiciliary care to some clients who pay privately for this service. At the time of our inspection, 398 people were receiving a personal care service.

People's experience of using this service

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used this knowledge to provide people with flexible, responsive support and to achieve agreed reablement goals.

Staff promoted people's dignity and privacy and supported people to enjoy food and drink of their choice. Care planning systems were effective. Despite the continuing impact of the COVID-19 pandemic, staffing resources were managed safely and effectively to meet people's needs.

Training and supervision systems provided staff with the knowledge and skills they required to meet people's needs. Staff worked together in a mutually supportive way and communicated effectively with a range of external organisations.

Systems were in place to ensure effective infection prevention and control. People's medicines were managed safely. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required. Staff recruitment was safe.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The provider assessed and managed potential risks to people's safety and welfare. Staff knew how to recognise and report any concerns to keep people safe from harm.

The service was well-managed and well-led. The registered manager and other senior staff provided supportive leadership and were respected and appreciated by their team. A range of audits was in place to monitor the quality and safety of service provision.

Lessons were learned when things went wrong and any complaints were managed effectively. The provider was committed to the continuous improvement of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with CQC on 8 May 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below

Good ●

Libertas HBRS

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 checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

Our inspection was conducted by an inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Libertas HBRS is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of our inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority that commissions the core reablement service.

During the inspection

We conducted our inspection between 2 and 12 August 2021.

As part of the inspection we spoke with the registered manager; the business support adviser, five members of the care staff team and 45 service users and relatives.

We reviewed a range of written records including eight people's care records, staff recruitment records and information relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare.
- People told us they felt safe using the service. For example, one person said, "I feel totally safe. They never make me feel uncomfortable."

Assessing risk, safety monitoring and management

- The provider ensured potential risks to people's safety and welfare were assessed and managed. For example, one person had been identified as being at risk of skin damage and staff had been given detailed guidance on how prevent this. Senior staff kept any risks associated with people's individual care under regular review.

Staffing and recruitment

- The provider used an online system to deploy staffing resources and schedule care calls. Most people were satisfied with the organisation of their care calls. For example, one person said, "The carers come on time [and their] attitude is good. I get on well with them. They have never been late and [they are] usually familiar faces." Another person told us, "They complete all the tasks they need to. There's no hurry and [they] take their time. They usually arrive on or before the time."
- Care staff were organised into 13 area teams, each with its own care coordinator. Under normal circumstances, staff usually worked within their designated area, to provide service users with a high level of staffing consistency. Commenting positively on this approach, one person told us, "I have two regular carers and I have an excellent relationship with them."
- Some people told us that they had noticed a dip in staffing consistency in recent weeks. For example, one person said, "I am seeing far more different carers [although] they [are all] very competent, polite [and] flexible." We discussed this issue with the registered manager who explained she was having to manage staff more flexibly than normal, as a short-term response to the ongoing impact of the COVID-19 pandemic and other issues affecting recruitment. We were assured the provider was committed to restoring continuity of staffing as quickly as possible.
- We reviewed recent recruitment decisions and saw the necessary checks had been carried out to ensure that the staff employed were suitable to work in the service.

Using medicines safely

- Most people were supported to manage their medicines independently, reflecting the service focus on reablement. For example, one person told us, 'When the carer arrives [they do] a dosette box check and pick

me up on it if I haven't taken my medication." When people needed their medicines to be administered by staff, this was done safely in line with their individual needs and preferences.

- Staff received training in the safe handling of medicines and maintained a detailed record of any medicines they administered. Senior staff audited these records regularly, following up any issues as required.

Preventing and controlling infection

- The provider had reviewed and strengthened existing infection prevention and control measures in response to the COVID-19 pandemic. For example, staff were provided with additional personal protective equipment (PPE) and were tested weekly to reduce the risk of COVID-19 spreading within the service. One relative told us, "They've always got PPE on. They come in wearing it and they take it off going out the door, holding on to the rubbish."

- A small number of staff had chosen not to be vaccinated. Reflecting feedback from our inspector, the registered manager agreed to give this matter further consideration, to identify if there were any potential risks arising from the deployment of unvaccinated staff.

Learning lessons when things go wrong

- The registered manager had a reflective leadership style and reviewed incidents to help reduce future risks to people's safety and welfare. For example, in response to a complaint the registered manager took action to improve communication with people and their families. In a recent staff survey, we noted 100% of staff agreed with the statement, 'We are professional, open and honest, especially if something goes wrong.'

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care record and kept under review by senior staff.
- The provider used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. The registered manager told us she found the regular managers' meeting hosted by the local care providers' association was a particularly helpful source of information.

Staff support: induction, training, skills and experience

- People told us staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I've had excellent treatment. They seem experienced in knowing what's needed. I have the highest praise for them." Another person said, "I trust the carers, they seem to be well trained. I look forward to them coming."
- The provider maintained a comprehensive induction and training programme for staff. Commenting positively on their induction, one new member of staff member said, "It was handled really well. They have given me the skills to do the job. We got every single bit of information we need. And every question I asked [was answered]. Nothing was ever too much trouble."
- Staff told us that they felt well-supported by their line managers. For example, one staff member told us, "[Name] always listens. [She] is always on the end of the phone [if I need her]." Another member of staff said, "[Name] is a fantastic person. I can talk to her about anything. It's the best managerial support I have had in any care company." Staff received regular one-to-one supervision and spot-checks of their practice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff maintained effective working relationships with a range of external organisations to support them in the provision of effective care and support. For example, they worked closely with the occupational therapy service to ensure people had the right equipment to enable them to achieve their reablement goals. One person's relative said, "The help Libertas has given us has been really good. They got us several pieces equipment [including] a narrower walker. [Name] can now walk through the doors in the house."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people's individual food preferences and assisted them to prepare food and drink of their choice, whenever this was required. For example, one person told us, "The carers make sure I have had breakfast [and] will make me a drink if I want one."
- The provider was aware of potential risks relating to nutrition and hydration and took steps to mitigate

them, whenever necessary. For instance, staff used nutrition charts to monitor people's food intake if they had been assessed as being at risk of weight loss.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local services whenever this was necessary. For example, one person told us, 'The carers will get in touch with the GP and fetch medicines for me.' Another person's relative said, "[Name] had pressure sores on [their] bottom so the staff got the district nurse out to see them."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA), provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and were satisfied staff understood the importance of seeking consent before providing care or support.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Almost everyone we spoke with told us that staff were warm-hearted and kind. One person said, "The carers are really pleasant. Very friendly and really put you at ease." A relative told us, "The carers help cheer [name] up and bring the outside world to her." Describing their approach to the people in their care, one staff member told us, "I want to care for [people] as I'd like my family to be cared for."
- People told us staff also went out of their way to help them, in lots of different ways. For example, one person said, "Carers will offer to make me a sandwich and a coffee, even if I haven't asked them to. They will run the Hoover round too [and] help me by hanging the washing out, as my balance is not good." A staff member told us, "We all go above and beyond [to help people]. I've been giving people rhubarb and runner beans from my garden."

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- In line with the reablement focus of the service, staff were fully committed to supporting people regain and maintain their independence. One person said, "They wanted to make sure I gradually learnt how to be here safely." A relative told us, "They are absolutely brilliant with reablement. They don't do things for [name] but take their time and promote independence." Describing their work, one staff member told us, "It's easier for me to put someone's shirt on for them, rather than support them do it for themselves. But that's not the aim of the service. We want people to be back as they were."
- Staff also understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, one person told us, "They respect my privacy. They put a towel around me and leave me to dry myself when I say I can manage it [myself]. I have the same two [female carers] all the time but if I have a [new carer] they respect me when I say I don't want a shower that day."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and staff understood data protection considerations when communicating with each other.
- The provider was committed to supporting people in a non-discriminatory way in accordance with their personal characteristics and cultural preferences. Staff received equality and diversity training and reflected this in their practice. For example, one staff member described some of the adjustments they had made when supporting someone from a particular religious community.

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

- Staff took time to involve people in decisions about their care and respected their individual wishes and preferences. For example, one person told us, "I say to them what I would like them to do, and they do it." Another person's relative said, "The carers take account of what [name] wants and ask her permission as

they care for her." A staff member commented, "Everyone is different and [so] I treat them differently. You get the feel of how to respond to each person."

- The registered manager was aware of local lay advocacy services and helped people obtain this type of support, whenever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- If the provider had sufficient staffing resources to take on a new client safely, a senior staff member normally conducted a home visit to discuss the person's needs and preferences. Following this meeting, an individual plan of care was prepared. One relative commented, "When the chap came to do [an assessment] both [name] and I felt included. He explained everything."
- The care plans we reviewed set out people's individual needs and wishes, including any agreed reablement goals, in a detailed and person-centred way. For example, one person's plan stated, 'On my breakfast call, please encourage me to come into the kitchen with you so I can choose what I want for breakfast. It is usually one round of toast and a cup of coffee. My goal is to have equipment in place and strengthen my standing tolerance so I can prepare my own meals and drinks again.'
- Staff told us the care plans were integral to their practice. For example, one staff member said, "They are really helpful and are always kept up to date. [My line manager] is constantly in touch with [our team] and we let her know if something needs changing."
- People told us staff had a good understanding of their individual preferences and provided them with responsive, personalised support. For example, one person said, "The carers always put me at my ease. They talk things through with me. They are more like family."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was unaware of the AIS but told us she would incorporate it into the provider's approach for the future.
- In the meantime, staff understood the importance of responding to people's individual communication needs and preferences. For example, the registered manager told us of several occasions when interpreters had been used to facilitate communication with people whose first language was not English. Staff also worked very closely with a local visual impairment charity to enhance communication with people with sight loss.

Improving care quality in response to complaints or concerns

Most people told us they were satisfied with the care they received and had no reason to complain. For example, one person said, "We've generally found them excellent. The difference is ten-fold compared to other care companies." Reflecting this feedback, the provider had received very few formal complaints since

the service was registered. Any received had been handled correctly in accordance with the provider's policy.

End of life care and support

- The service did not accept referrals for end of life care. The registered manager told us training and support were available to staff, should any existing clients ever require this type of support in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Most people we spoke with during our inspection expressed their satisfaction with the management of the service. For example, one person told us, "They were very swift about getting the care in place. They really do care about people and it's a very high standard [of care]. I most definitely would recommend the service."
- The registered manager had an inclusive style and her knowledge and experience were respected and appreciated by her team. For example, one staff member told us, "[The registered manager] is very good. She started as a support worker [and] has worked at various levels. [Under her leadership] everybody is working as a team. I've got support from every angle." A service user told us, "At the start of my care [the registered manager] gave me her telephone number and said to get in touch if I ever needed anything. The agency [is] very helpful and doesn't let you down. They are dependable."
- The provider promoted the welfare and happiness of the staff team in a variety of ways. Staff received gifts at Christmas and Easter and one-off cash payments to reward particular achievements. The provider also paid for an annual MOT for staff who used their car for work and provided a pool car that staff could borrow. One staff member told us, "During [the pandemic] we got a little gift bag. And if [a service user or family member] has mentioned us in a letter [of thanks], we get a text or a phone call saying, 'Well done!' I do feel appreciated."
- Staff told us this positive organisational culture motivated and empowered them to care for people in a highly person-centred and caring way. One staff member said, "I have never worked for a company like this. Everyone goes out with a smile on their face because everyone feels supported [and] speaks to each other with respect. I'm feeling quite lucky!" The provider conducted regular surveys of staff opinion and the feedback from the most recent survey was generally very positive. For example, 100% of respondents agreed with the statement, 'I have the right support and training to do my job well.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Most people told us they felt involved in the planning and delivery of their care. For example, one person told us, "My care plan is up to date. I prefer to have a lady care for me and I get one if possible, [which is] mostly. They always sort out any problems for me." A relative told us, "The supervisor visited last week and will visit next week. He talked to [name] and made sure he was happy with what they're doing."
- As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses and therapists, to ensure people could access the care and

support they needed. One local social care professional had written to the registered manager to thank her for the 'professionalism, approachability and great communication skills' of her team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor and improve the quality of the service. These included the tracking of people's care calls in real time, to make sure they were being delivered as planned; regular audits of medication records and completion of a monthly performance report for the local authority commissioner.
- The provider also regularly assessed people's satisfaction with the service. We reviewed the results of the most recent survey and noted the responses were generally very positive. For example, one person had written, 'I built up quite a bond with my carers [name] and [name]. They were a tonic to see every morning. I will miss their visits but they have given me the confidence to look after myself independently.'
- People's satisfaction with the service was also reflected in the many thank you messages and cards received by the registered manager. For example, a relative had written to say, 'Thank you very much for the wonderful service you provided to [name] after he came home from hospital. We had wonderful carers both morning and evening. [Name] so enjoyed their company and we are really missing them all. It is not always easy to have strangers come into the home to provide help but your team became like friends.'
- The provider was committed to the continuous improvement of the service. For example, the registered manager ran regular 'friendly competitions' between each of the local teams to showcase and spread best practice across the service as a whole. Looking ahead, the registered manager told us she would like to explore the option of the service directly employing its own occupational therapists.
- The provider was aware of the need to notify CQC of any relevant incidents or events within the service, although the registered manager sought clarification about about the notification of local authority safeguarding investigations.