



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Liberty House

Porthcawl

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Description of the service

Liberty House is a small home which provides care and support for up to five people who have wide ranging mental health difficulties aged 18 to 64 years, including one person over the age of 65 years.

The home is located in the town of Porthcawl within easy walking distance to the seafront and town centre.

The home is owned by Liberty Placements Ltd. There is currently no registered manager in place.

Summary of our findings

1. Overall assessment

People receive a good service and are supported by staff that have an understanding of their needs and what is important to them. We found that people's individual choices, likes and dislikes are respected and that they are actively encouraged to engage in a range of activities. People are supported with their daily living in order to be as independent as possible and protected from harm.

2. Improvements

This is a first post registration full inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service:

- Staff should receive bi-monthly recorded supervision;
- Temperatures should be recorded for storage of medication;
- 50% of staff should be qualified;
- CSSIW should be notified of DoLS authorisations;
- Minor amendments required to statement of purpose which will result in amendments to complaints and safeguarding policies;
- Consideration of the 'Active Offer' of Welsh

1. Well-being

Summary

People are supported to make decisions about aspects of their life. They are encouraged to express their own opinions and are involved in decision making. People are supported to maintain their independence, and are as far as possible protected from harm.

Our findings

People's independence is maximised and their interests are understood and promoted. Care records contained information about people's individual interests, which enabled staff to then support them. Activities undertaken throughout the day were inputted by staff onto the computer system, which the management team reviewed on a daily basis. We saw people engaged in various activities, such as arts and crafts, trip to the lake, watching television, doing a crossword and using an I pad either independently or with the support and encouragement of staff. One member of staff told us that she was collating information about what activities were on offer within Porthcawl that people might be interested in attending. We saw that a display board housed information about events such as an Elvis weekend; air show and car show and there had been a recent trip out to Margam Park. People spoken with told us that they liked going out for walks; shopping and helping out with cooking. Others enjoyed watching football or playing pool. People also valued contact with their families. We observed the weekly community meeting where ideas regarding activities were shared with staff. A relative we spoke with told us *"There's always something going on"*. We concluded that people are given opportunities to do things that matter to them and are supported by the staff team to follow their interests individually or as a group.

People feel safe and are protected from harm. The care documentation contained detailed and up to date individual risk assessments. We saw that the safeguarding policy was available and that some staff had undertaken training. Applications had been made to the relevant local authorities as required under the Deprivation of Liberty Safeguards (DoLS), for people who did not have the ability to make decisions about aspects of their care and support. There was a visitor book in the entrance hallway, which required all visitors to sign in and out to protect the safety of those living in the home. We saw that confidential information and medication were securely housed. Incidents and accidents were logged onto the computer system and were monitored daily by the management team. Where required, matters had been appropriately reported to CSSIW. One relative we spoke to told us that staff *"keep an eye"* on their family member. People's rights are protected and they are safe and protected from abuse.

People are treated with kindness; have good relationships with staff and are encouraged and motivated by staff. We observed how staff interacted positively with people living at Liberty House. They encouraged people to assist with the meal preparation at lunch time and provided positive reinforcement during the task such as *"You're doing good. Thank you for your help"*. We saw some people clearing away the dishes and washing up in the kitchen. People we spoke to told us *"Better than any other place I have been. Staff more pleasant and "Wouldn't want to be anywhere else. Staff do job as best they can"*. Relatives

we spoke with were complimentary about the staff, commenting that “*Staff try their hardest and (the person) does more there than has done for a while*” and “*Staff are very polite and helpful*”. People have a sense of belonging and have positive relationships with staff and others living in Liberty House.

2. Care and Support

Summary

People can feel assured that they will receive a good standard of care. The care plans are clear and informative documents. People's health care needs are appropriately responded to and there is effective liaison with health care professionals.

Our findings

People have care plans which provide staff with clear and up to date information. We found that the care records were person centred and detailed and incorporated information provided by the health authority. The provider informed us that further improvements were being made to the documentation in order to further strengthen the information provided. Risk assessments were included, together with relevant care and treatment plans. We saw that staff had signed to evidence they had read the care plans. Communication logs were detailed and included the progress being made by individuals. Information was inputted directly on to the computer. One staff member was very positive about the system and told us it provided "*detail and an audit trail*". All information was monitored daily by the management team and provided up to date information on the care provided. People receive the right care in line with their assessed needs and preferences.

People have regular access to health and social care professionals. We saw in the care records that there was input from healthcare professionals, such as dentist and psychologist. The community diary referenced any appointments that were due and staff supported as required. The provider told us that multi-agency reviews were held with the mental health team and this was also confirmed by one of the health care co-ordinators. Both of the care co-ordinators we spoke with were complimentary about the care and support provided to people living at Liberty House. They told us they received "*continual updates regarding progress*" and there were no concerns. One relative commented that the staff were "*good*" at managing medication and there had been no issues in this respect. One staff member said the current medication system was "*so much easier*". From our observations we noted no issues regarding medication management, but found no temperature checks or thermometer was in place which we raised with the provider. People's lives are enhanced by appropriate referrals to health and social care professionals.

People are provided with healthy and nutritious meals and regular drinks. Staff told us that people were encouraged to assist with meals and healthy options were promoted. Some people helped with the meal preparation and laying up the table, whilst others assisted with the washing up. We saw that there was a choice of food offered. One person commented the food was "*fresh*". People actively joined in conversations with staff during the meal and there was a relaxed atmosphere. Staff told us there was a "*shop, cook and serve*" system where each individual was allocated a day to plan and prepare a meal of choice. Menu choices were also discussed within the weekly community meeting that we observed. A menu was displayed within the kitchen area, but we suggested that this could be displayed within the dining area. We noted that only cold drinks were offered at lunch time, although we saw that during the morning hot drinks were readily available. The deputy manager

informed us that a hot drinks station had been set up in this area, which people could access. People are supported to be as healthy as they can be.

3. Environment

Summary

Liberty House provides a suitable, comfortable and homely environment which supports people's well-being. We found that the environment was clean and the home was well maintained and decorated to a high standard.

Our findings

People feel included, uplifted and valued because they are supported in a personalised environment that is appropriate to their individual needs. All rooms had en suite facilities. Some people preferred to sit outdoors and others were content to watch television in the lounge. The premises were homely and welcoming. From our tour of the building, we saw that all areas viewed were clean. Staff told us that there were daily visual checks made in each room to ensure rooms were clean. A relative commented that they found the place "very clean". In February 2017 the home had achieved a 5* food hygiene rating. There was a cleaning rota for staff, but those living at the home were also encouraged to help with domestic chores. We were told that people had personalised their own rooms in keeping with their wishes which was evident when we were invited to see one person's room which reflected his individual taste and interests. We saw that people were relaxed and at ease with each other and staff on duty. People live in an environment that supports their well-being.

People living in Liberty House can be confident that they are cared for in well maintained surroundings. The provider informed us that fire safety checks had been undertaken and we saw that fire equipment had been serviced in April 2017. Individual personal fire evacuation plans were included within the care plan records. The provider was recently certified to undertake electrical testing. We saw that window restrictors were in place and all hazardous substances were securely housed. There were no hazards noted during our tour of the building. This demonstrates that people as far as possible will be kept safe in an environment which is well maintained.

Overall there is suitable outdoor space although this is limited. We saw that a few people preferred sitting outside particularly as this was the designated smoking area. Staff sat and chatted with people outside and engaged in some activities. Although the area was small, people enjoyed having access to the outside area. People benefit from having access to outdoor space.

4. Leadership and Management

Summary

People have access to information to help them understand the care, support and opportunities available to them. Although there is currently no registered manager in place, overall staff feel supported by the management team and have good access to training opportunities.

Our findings

People have access to information about what the service provides. There was a statement of purpose and service user guide dated March 2017 that sets out the aims of the service and what people can expect. We have advised the registered person that a registered manager needs to be in place in order to fully meet the legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered person to take action to rectify this and it will be followed up at the next inspection. The provider told us that he would be actively recruiting to this post, in addition to appointing two senior staff members from within the current staff team. The provider and the deputy were managing the day to day operational duties of the home. Once this is resolved, the statement of purpose will need to be updated. The service does not provide an "Active offer" of the Welsh language and the provider told us there were no Welsh speaking people using the service and no Welsh speaking staff. We have recommended that the provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'. People are given sufficient information about what the service provides.

People receive care and support from staff who are vetted and receive training and supervision. We saw that recruitment checks were carried out to ensure staff were suitable to work at the home. Staff told us that they received regular supervision, but records indicated that this had been undertaken on a three monthly basis rather than bi-monthly. The provider agreed that this would be addressed within the supervision plan. Staff had been appointed incrementally in accordance with the number of people moving into the home. Although there had been some staff changes since the home opened, the provider indicated there were no issues regarding recruitment or provision of staff cover and no agency staff were used. Staff spoken with told us they had undertaken a variety of training and the provider confirmed that the Social Care Wales induction programme was used for new staff. Staff spoken with told us that the induction was "*thorough*" and "*everything was explained. Management and staff were very helpful and more than willing to help*". Training was provided via e learning, in addition to face to face training. Staff told us they had access to a range of training such as positive behaviour management; violence and aggression and mental health recovery star model training. Due to some staff changes the number of staff undertaking an approved care qualification was lower than the legal requirements of 50%. The provider acknowledged this and agreed this would be addressed.

We noted that other staff had been offered the opportunity of undertaking higher levels of care qualifications, which indicated that the provider was committed to provide good quality training and ongoing professional development opportunities for staff. This evidences that people benefit from a service where staff are supported to attend a range of training to increase their knowledge.

People can be assured that there are systems in place to monitor and assess the quality of service provided. There were weekly community meetings held with those living at the home, where people were able to contribute to the day to day running of the home. People were able to discuss issues such as activities; menu choices and any problems with their rooms. Regular three monthly monitoring records were viewed where the provider checked the overall quality of support provided in the home. The management team also monitored all the information inputted on the computer system on a daily basis, such as incidents and accidents; daily communication logs; any changes to care plans and medication provided. There were also satisfaction survey questionnaires completed by people living at the home which were positive about the care provided. From our discussion with two relatives they were complimentary about the care provided – *“Absolutely marvellous. Staff are absolutely lovely – so caring”* and *“staff are polite and helpful, friendly and open”*. Staff spoken with stated that the management team were *“approachable”* and felt *“confident to raise things in supervision or staff meetings”*. We did however note that in some staff questionnaires, reference was made to lines of communication being improved. The provider told us that on the second day of the inspection staff training was being provided to reinforce boundaries and roles and responsibilities. Policies and procedures were in place and staff signed to indicate they had read them. These were also accessible via the computer system. Minor amendments to the statement of purpose in respect of the timescale for complaints were identified, together with additional information to the safeguarding policy to reflect the current local authority procedures. These changes would result in minor amendments being made to the complaints and safeguarding policies. We concluded that the service is committed to quality assurance and improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None as this is the first post registration full inspection.

5.2 Areas of non compliance identified at this inspection

- One notification of non compliance due to no registered manager being in place.

5.3 Recommendations for improvement

- Supervision needs to be provided and recorded on a bi-monthly basis rather than 3 monthly – NMS 27.4;
- A thermometer and daily recordings of temperature need to be put in place within the medication cupboard;
- The number of qualified staff undertaking or having completed their QCF should be at least 50%;
- Notification to CSSIW of DoLS authorisations;
- Minor amendments required to SOP regarding complaints timescales and reference to the local authority safeguarding of vulnerable adults policy. This will result in amendments to the home's complaints and safeguarding policy;
- Active offer – consider the “More than Just Words” Welsh Government information.

6. How we undertook this inspection

This was a full post registration inspection. We made an unannounced visit to the home on 17 July 2017 between 9.55 a.m. and 4.55 p.m. and one announced visit on 18 July 2017 between 10.45 a.m. and 12.15 p.m.

The following methods were used:

- We spoke to the majority of people living at the home;
- Direct observations of people and staff;
- Conversations with two health care professionals;
- Conversations with two people's relatives;
- We spoke with members of staff on duty, including the provider and deputy manager and looked at staff satisfaction questionnaires;
- We looked at a range of records including:
2 people care records; 2 staff files; staff rotas; staff meeting records; sample of policies including whistleblowing, complaints; statement of purpose and service user guide;
- Quality monitoring records; satisfaction questionnaires and maintenance records;
- Tour of the building focusing on the communal areas

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Liberty Placements Ltd
Registered Manager	No registered manager
Registered maximum number of places	5
Date of previous CSSIW inspection	None as this was the first post registration inspection visit.
Dates of this Inspection visit(s)	17/07/2017 and 18/7/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No.
Additional Information: A current variation application to increase the numbers to six has been lodged.	