



Inspection Report on

Liberty House

**Liberty Placements
53 Mary Street
Porthcawl
CF36 3YN**

Date Inspection Completed

23 November 2021

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About Liberty House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Liberty Placements Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	1/5/2019
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from care workers, and the environment they live in. Care workers are familiar with and understand the needs and preferences of people they support. Staff and individuals have positive relationships. Management ensure people are included in the planning and reviewing of their care needs. People receive a good standard of care from care workers who are professional, well trained and motivated. Staff treat people as individuals whose choices, likes and dislikes are considered. The home environment is safe, comfortable and fit for purpose. The vision, values and purpose of the service are clear and actively implemented. The responsible individual (RI) has a good oversight of the service and is in regular contact with the manager. Quality monitoring audits are also completed.

Well-being

People have a voice and are listened to. Whenever possible, staff encourage people to be as independent as they can be and to have control over their day-to-day life choices. The recently updated statement of purpose and written guide are available to individuals or their representatives. Activities take place but are flexible dependent on people's wishes on any given day. The service asks individuals about their wishes, involves them in the planning of their care, and ensures their support is appropriate. People are happy in the service and are complimentary of the care team, one said, "*They are nice to me, I have a laugh with them*".

Individuals have access to various health and social care services. Information regarding their physical and emotional mental health, well-being and behavioural support needs are identified within their care files. The consistent staff team know people very well and are able to recognise any physical or mental health issues quickly, adapt their approach and source advice from medical professionals in a timely way if required.

Individuals live in suitable accommodation, which supports and encourages their well-being. Their rooms contain personalised items, are suitably furnished to encourage their independence and enables them to have private time. The home is clutter free and care staff and management reduce hazards as far as practically possible.

There is a clear management structure in the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are effective systems for monitoring and auditing standards of support and the environment, overseen by the responsible individual (RI).

People are safe and protected from harm. The entrance and exits to the home are secure and no hazards were identified throughout the visit. The home is clean throughout and staff practice good infection control. Staff are confident in their use of personal protective equipment (PPE) and there is a sufficient supply in place. Staff understand their safeguarding responsibilities and feel confident in raising concerns with management.

Care and Support

A wide range of views and information are considered before admission, to ensure individual's needs are appropriately supported. Medical and health details are obtained from professionals and personal details from the individual and/or their relatives. Information is reviewed and a plan of care developed. This information is then shared with staff to ensure their awareness of the individual before they arrive at the home. A new member of staff confirmed the personal plans are readily available.

Care and support is provided in consultation with individuals or their relatives, considers their personal wishes and identifies risk and any specialist input needed. Personal plans identify how care and support is to be provided in order to meet the needs of the individual. The plans viewed detailed the support needed to manage physical and mental health needs. Daily records are consistently completed. Care staff demonstrate a good understanding of the needs and wishes of people they care for. People told us that the staff were kind and caring and overall the feedback was complementary. A social worker told us *"They have shown a commitment to X's welfare throughout X's time there"*.

There are systems in place that provide the safe administration of medications. Staff receive mandatory training on the administration of medicines and are deemed to be competent by the manager before being permitted to administer medication. A detailed and current medication policy supports good practice. We looked at people's medication administration records (MAR) and found they are completed correctly with no gaps.

There are consistent staffing levels in place to meet the care and support needs of people living at the service. Most staff have worked at the service for a significant period. The staff members we spoke with are aware of their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching the manager if they needed to. Staff told us they had undertaken training in safeguarding and there is a current safeguarding policy for all staff to access and follow.

Environment

Liberty House is situated in the town of Porthcawl and provides good access to community facilities and nearby beaches. It is set over three floors and can accommodate up to six people. A personalised environment that is appropriate to individual need supports people to feel included, uplifted and valued. The home takes a person centred approach to accessorizing rooms in order to find a balance between creating a warm, homely environment whilst maintaining personal safety. Communal areas are clean and comfortable. We saw that window restrictors are in place and harmful chemicals are stored securely. We saw the laundry facilities, which are suitable to meet the needs of people living in the home. The home is secure from unauthorised access.

The service has systems in place that ensure the home and its facilities are safe. We looked at a range of documentation that relates to health and safety and the maintenance of the service. The information provides a detailed overview of a rolling programme of safety checks, servicing and maintenance of the homes equipment and facilities. We saw evidence that fire drills take place along with weekly tests of the alarm system. A fire risk assessment is in place and reviewed periodically. People's confidential information is stored in accordance with data protection requirements but is easily accessible to staff who have authorisation to view it.

The service maintains good standards of hygiene and infection control. We observed the manager and the staff following the correct procedures in line with Public Health Wales (PHW) current guidelines such as wearing appropriate PPE and washing their hands. Face masks were worn throughout the inspection by all staff. Effective daily cleaning schedules are in place and all parts of the home are clean, tidy and well organised.

Leadership and Management

The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people in the service, containing practical information about the home and the support provided. The service also offers various formal and informal opportunities for people and their representatives, to ask questions and give feedback.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed that the RI conducts quarterly visits to the home to complete quality assurance monitoring. The RI is well known by people in the home and we saw positive interactions, communication and 'banter'.

There are appropriate numbers of suitably fit and qualified care staff available and they receive supervision and training. The staff rota shows there are sufficient staffing levels and individuals receive care and support in accordance with their identified needs. There are some staff vacancies and the service is actively trying to recruit. Agency staff are used if required. Enhanced staff recruitment checks are up to date and newly employed care staff complete the service's internal induction and the Social Care Wales – All Wales Induction Framework. The staff training record shows staff have access to a variety of core training opportunities and care staff told us they were happy with the training quality and frequency. Care staff speak positively about the regular formal and informal supervision support they receive from the management team. Staff told us "*I do enjoy working here*" and "*I am really enjoying it*".

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

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