



Inspection Report on

Libertatem Healthcare Group Limited

**Libertatem Healthcare Group Limited
Cross Community Centre
1 High Street
Swansea
SA8 4HU**

Date Inspection Completed

02/11/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Libertatem Healthcare Group Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Libertatem Healthcare Group Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since registration with CIW (Care Inspectorate Wales).
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Libertatem Health Care Group are an English based company supporting people in both England and parts of Wales. Libertatem's presence in West Glamorgan is a very small domiciliary service, supporting adults and children in their own homes. The service supports a small number of people. Representatives told us they are happy with the service being provided to them by a small, dedicated staff team.

Support plans are tailored to the specific needs of people. Plans are written and reviewed routinely by people's representatives and their case managers. The service has policies and procedures in place to keep people safe.

Overall, there is adequate oversight of the service, the Responsible Individual (RI) carries out service visits to obtain their feedback about the service. Visit records and quality of care reports are produced. These documents for the most part support the manager to drive improvement. Some staff feel supported while others told us communication is poor and feel isolated from the wider organisation.

Well-being

People have a voice and inform their personal plans. Relatives told us, they are happy with the provider, *“I have no problem with service”*. *“If I did have a problem, I would speak to the clinical lead first then the manager”*. Communication with the wider organisation around recruitment of staff, falls short. Relatives recognise the difficulties recruitment poses. The RI visits services to obtain feedback, in person, through MDT (Multi-disciplinary Team) meetings and questionnaires.

People's physical and emotional well-being is supported by a good staff team. Relatives told us; *“Staff are very knowledgeable”*. Staff are able to support peoples physical and emotional needs encouraging them to be as independent as possible. This is supported by good personal plans and associated risk assessments. A Professional told us; *“I work very closely with the manager and clinical lead, and they are incredibly supportive”*.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. The training plan shows most staff have completed online safeguarding training. The provider has comprehensive safeguarding policies and procedures in place which are accessible online to staff. Staff spoken with are aware of their responsibilities with regards reporting concerns.

People are supported to access healthcare and services to maintain their health and wellbeing. We saw daily notes showing a history of timely referrals to the GP and other health related professionals. A professional told us; *“The communication is amazing; the team is always responsive and always an appropriate person to liaise with”*.

There is adequate oversight of the service. The provider has one manager and two clinical leads covering a small number of services across Wales. People and staff told us that this means most communication is a combination of face to face and via the Internet.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. The provider has a good Statement of Purpose (SoP). This document explains how the service will be provided and gives information on the admissions process; staffing levels and personal plans to ensure the suitability of service. The guide to services is provided to people as a welcome pack. The pack contains information on how to make a complaint and emergency contact numbers. However, the pack does not contain information about the RI, fees and terms and conditions, to support their choice in accepting the service.

The provider has good personal plans in place reflecting the needs of people. People meet regularly with the manager to review the service provided. Representatives told us, they are part of the care planning and risk assessment process. A professional told us; *“The staff I have had contact with are of high quality and have appropriate training and support”*.

The provider has relevant safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding and whistleblowing concerns. Staff told us; *“Ensure people are safe”*. *“I would phone the clinical lead if I had any issues, or the care manager”*.

People receive the right support from the appropriate numbers of staff, with personal plans and risk assessments that for the most part reflect people’s needs. The standard of care and support is good and is reflected in the responses from staff and people’s representatives. We saw staff contributing to the well-being of people through sensitive and warm interactions.

Support is provided to help people make choices important to them. Representatives are supported to be part of the recruitment process, writing the advert, and having the final say on recruitment. However, the recruitment process can be slow, number of skilled candidates limited, and more appropriate venues could be sought as this process can be frustrating for people’s representatives.

The systems for medication management are good. Regular audits are carried out by people’s representatives and clinical lead. Medication administration records are accurately completed, the provider uses an electronic medication administration system, to safeguard people. Training for staff with responsibility for administration of medication is in place, this was confirmed by the training plans designed and monitored by people’s representatives and by staff. Medication competency assessments of staff are carried out, however documents seen are not signed by staff or analysed to show competence. This was discussed with the RI and updated documentation will be put in place.

Leadership and Management

The provider has arrangements in place for the adequate oversight of the service through ongoing quality assurance. As part of ongoing quality assurance providers are required to produce biannual quality of care reports and quarterly visits to the service. Quality monitoring reports seen did not fully capture the information or analysis required. There is a management structure in place. The Responsible Individual delegates responsibilities to a management team, this includes a registered manager working across England and Wales and two clinical leads. This team works together to support services across Wales. The structure is adequate at present, given the low numbers of people being supported. There is a risk assessment in place, and the Responsible Individual will monitor this management structure during their quality monitoring processes, to ensure adequate management support to people and staff. This is of importance to the wellbeing of people as both people and staff have commented on the lack of communication from the wider organisation. Staff told us; *“I don't really know much about the rest of the organisation; I suppose they're at the end of a phone if I need them”*. Most of the people and staff spoken with did not understand the role and responsibilities of the RI.

The provider has good recruitment processes in place to ensure the suitability of staff. Disclosure Barring Service (DBS) checks for adults, young people and children are undertaken in line with regulations. All staff are registered with or working towards registration with Social Care Wales, the workforce regulator. People receive a consistent service with staff who know them well. We saw staff receive regular supervision. However, there was a mixed response from staff with regards the quality and productivity of the supervision itself. Staff told us; *“Mostly they care about the staff and our wellbeing, where they need improvement is around communication”*.

Domiciliary care workers on non-guaranteed hours contracts must be given the choice of alternative contractual arrangements. All staff are on a zero-hour contract as this is a very small and new service. Recruitment documentation shows staff are aware of their contract, however the RI assures us contracts will be reviewed with staff in line with regulations. The manager will document contract discussions in staff supervision. Staff told us; *“I would like a contract, but we've never had a conversation about a contract, not in supervision or any other time, I'd like stability”*. There is no impact on people, an improvement notice has not been issued on this occasion, but we expect the provider to ensure this is embedded and sustained.

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 inspection	N/A
-----	--	-----

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 21/12/2023